

Name  
in  
Full

Virginia B. Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death 1908		Month Oct.	Day 11	Age —	Months 1	Days 6	
Sex Female		Color or Race white		Birth-place mo			
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Harry Allen				Father's Birthplace w. v			
Mother's Maiden Name Rose J. Allen				Mother's Birthplace m. v			
Name of person giving Information Rose Allen				How related to deceased mother			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	on exertion	How long	1 mo
Immediate	exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. H. H. H.	
		Address Brunswick Frederick Co	
Accident or Suicide			



Name  
in  
Full

William Bowen

## CERTIFICATE OF DEATH

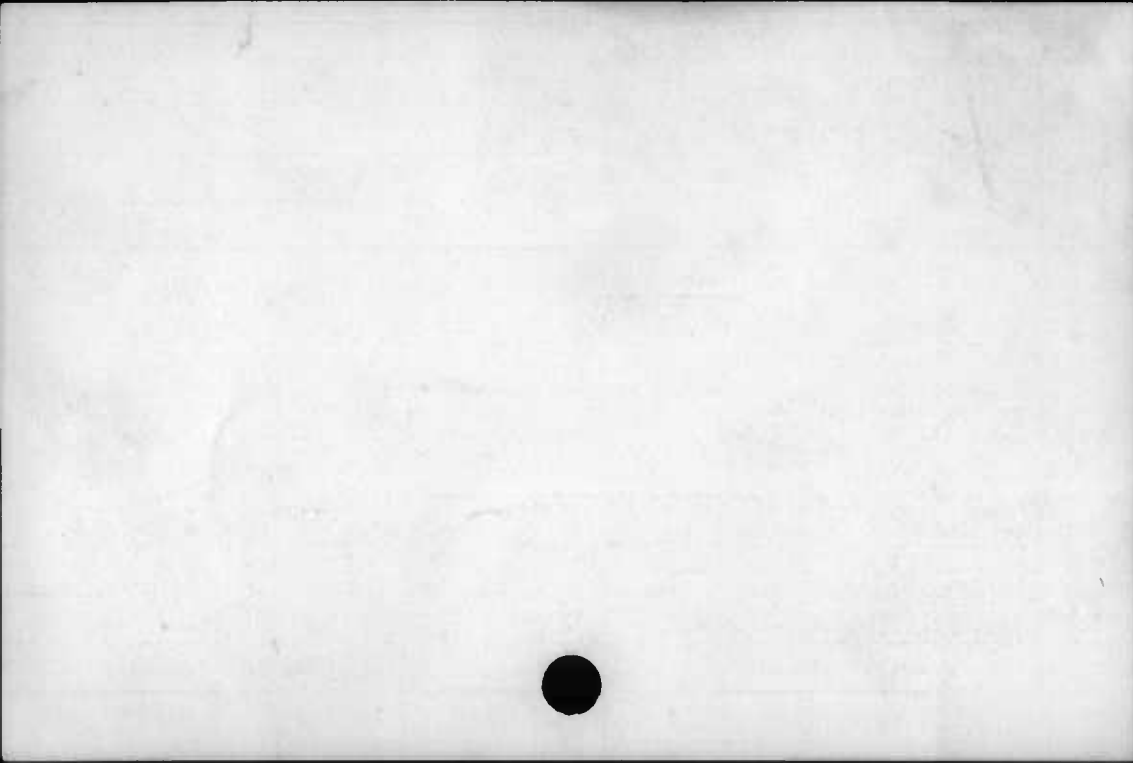
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Morristown</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> <sup>Month</sup>	<i>3rd</i> <sup>Day</sup>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Infective Endocarditis</i>	How long <i>10 to 12 days</i>
<i>Subsequent to Typhoid</i>	How long
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Burne, M.D.</i>
	Address <i>Frederick, Md</i>
Accident or Suicide?	



Name  
in  
Full

Mary Bowie

110.20  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

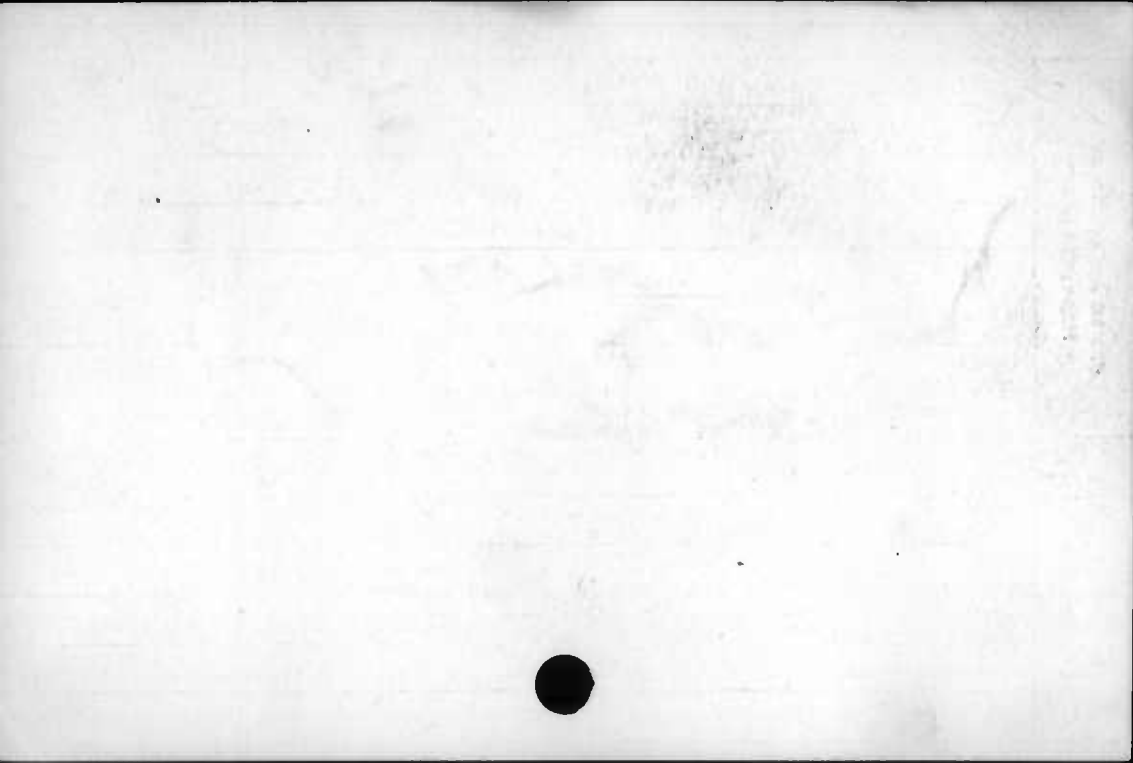
Died at <i>Monrovia</i> <sup>Town</sup>		<i>Fredrick Co.</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Oct.	Day	30
Age	48	Years	6	Months	26
Sex	Female	Color or Race	Colored	Birth-place	Fredk. Co.
Occupation	<i>H. Corp.</i>				
Where Residing if not at place of death	<i>Thomas Bowie,</i>				
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	<i>Moses Smith</i>			Father's Birthplace	<i>Fredk. Co.</i>
Mother's Maiden Name	<i>Wuk</i>			Mother's Birthplace	<i>Fredk. Co.</i>
Name of person giving information	<i>Moses Smith</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Fatty Degeneration of heart</i>	How long	<i>For years</i>
Immediate	<i>Dilatation</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Hopkins M. D.</i>
		Address	<i>New Market</i>
			<i>Md.</i>
Accident or Suicide?	<i>no</i>		



Name in Full		Ray & M. Brandenburg				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Harmony		County Frederick Co.		MARYLAND	
	Date of death	1908	Month Oct	Day 9	Age 7	Years 7	Months 1
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Harmony	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Millard W. Brandenburg				Father's Birthplace	Harmony
	Mother's Maiden Name	Ada Green				Mother's Birthplace	Elorton
Name of person giving information	Millard W. Brandenburg				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Measles				How long	2 weeks
	Immediate	Pneumonia				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Myersville, Md.		
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

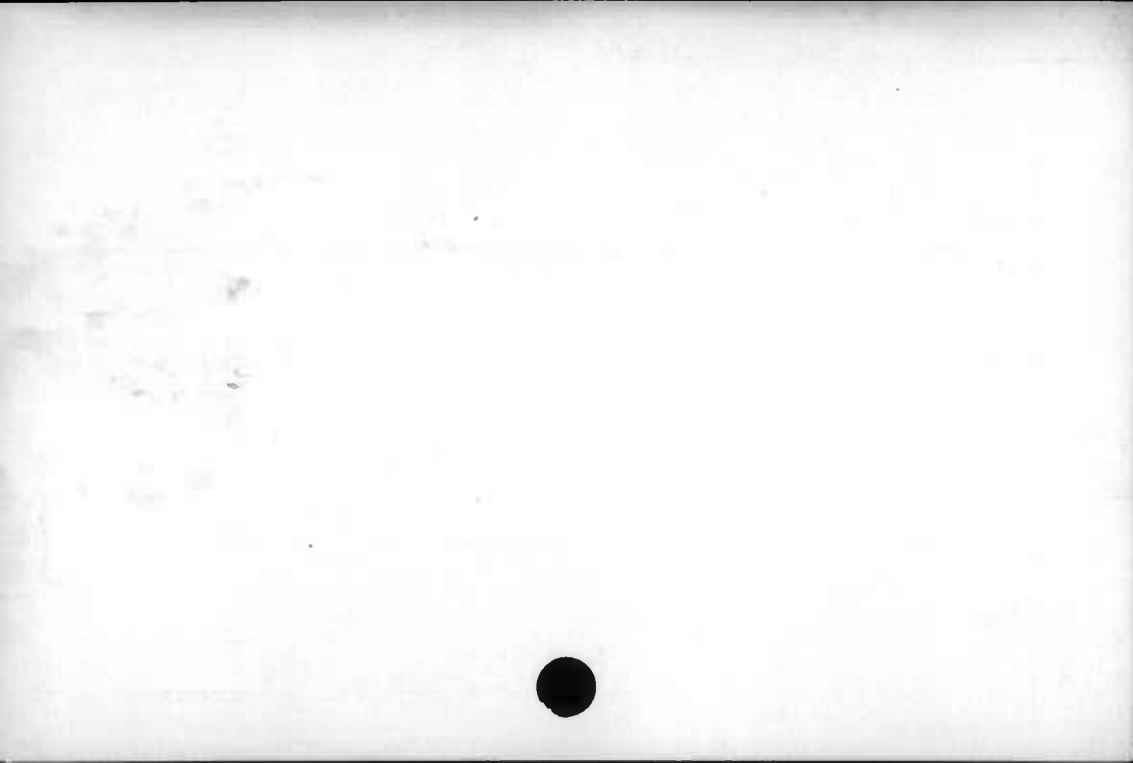
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Oct	19	38	0		
Sex	Female		Color or Race	White American		Birth-place	
Occupation	Housewife		Where Residing if not at place of death		New Ridgville		
Married, Single or Widowed	Married		Name of Wife or Husband		Wm. Brudett		
Father's Name	Dorcas Victor		Father's Birthplace		Montgomery Co.		
Mother's Maiden Name	Ann E. Gray		Mother's Birthplace		Montgomery Co.		
Name of person giving information	Mrs. Rebecca Whitworth		How related to deceased		Aunt		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease Bright's Disease	How long	10 months
Immediate	Dyspnoea	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. E. Bronwell	
Address		1st Army St.	
Accident or Suicide?			



Name  
in  
Full

Mary Madona Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>24</u>	Age <u>—</u>	Months <u>1</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm J. Cannon</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Sallie J. Willie</u>			Mother's Birthplace <u>VA</u>		
Name of person giving Information <u>Wm J. Cannon</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <u>Enteric</u>	How long <u>2 wks</u>
Immediate <u>no reaction</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>ja</u>	Signature of Physician <u>Levin West</u>
	Address <u>Health Officer</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

M. Perryman Castle

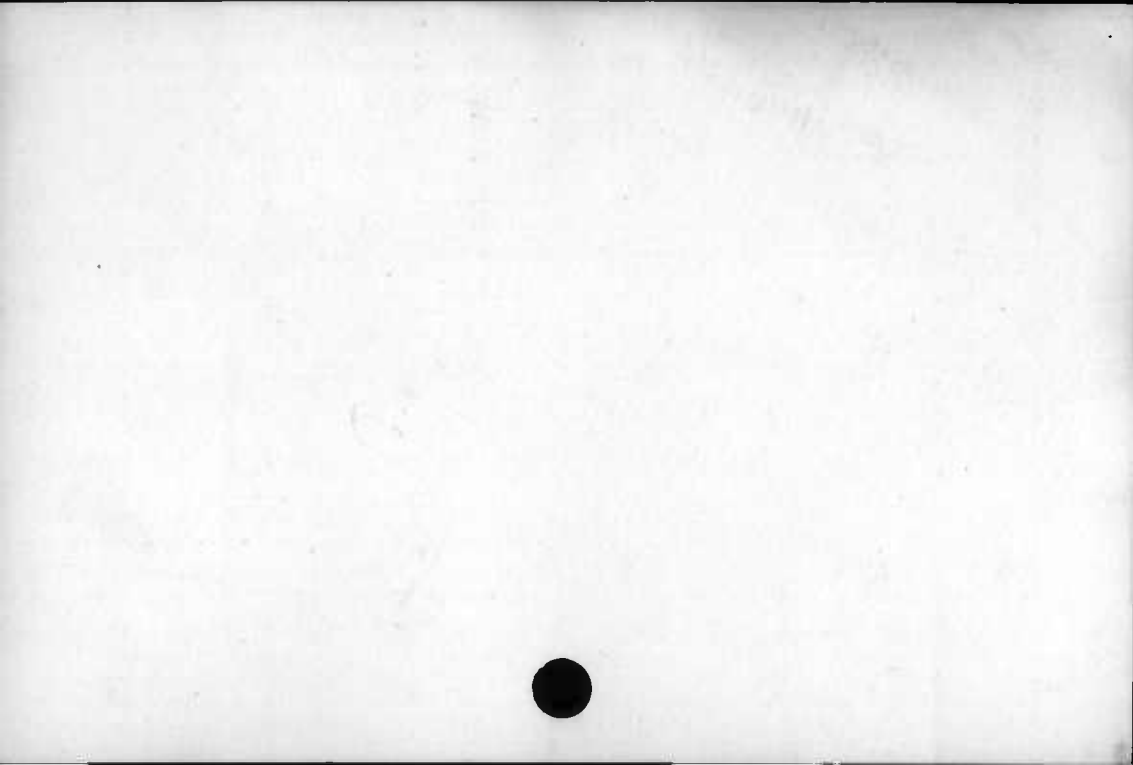
## CERTIFICATE OF DEATH

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>12</i>	Age <i>75</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Jefferson Md</i>		
Occupation <i>Dressmaker</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>James T Castle</i>	Father's Birthplace <i>Jefferson Md</i>				
Mother's Maiden Name <i>Carlita Heim</i>	Mother's Birthplace <i>Jefferson Md</i>				
Name of person giving information <i>Miss Ellen Castle</i>	<i>(45)</i>		How related to deceased <i>sister</i>		

## CAUSES OF DEATH

Primary <i>Osteo-Sarcoma located in mastoid</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jabner</i>
	Address <i>236 Church St</i>
Accident or Suicide? <i>Neither</i>	<i>Frederick - Md</i>

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Annice Crawford.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Monticue <sup>Town</sup> Frederick <sup>County</sup>

Date of death 1908 10 14 50  
Month Day Years

Sex Female Color or Race White Birth-place Md

Occupation Domestic Where Residing if not at place of death Monticue

~~Married~~ Single ☒ Name of Wife or Husband ✓

Father's Name John Crawford Father's Birthplace County

Mother's Maiden Name Matilda Hobb Mother's Birthplace County

Name of person giving information Mrs Charles Tugue How related to deceased 49

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Carcinoma of Breast How long 2 years

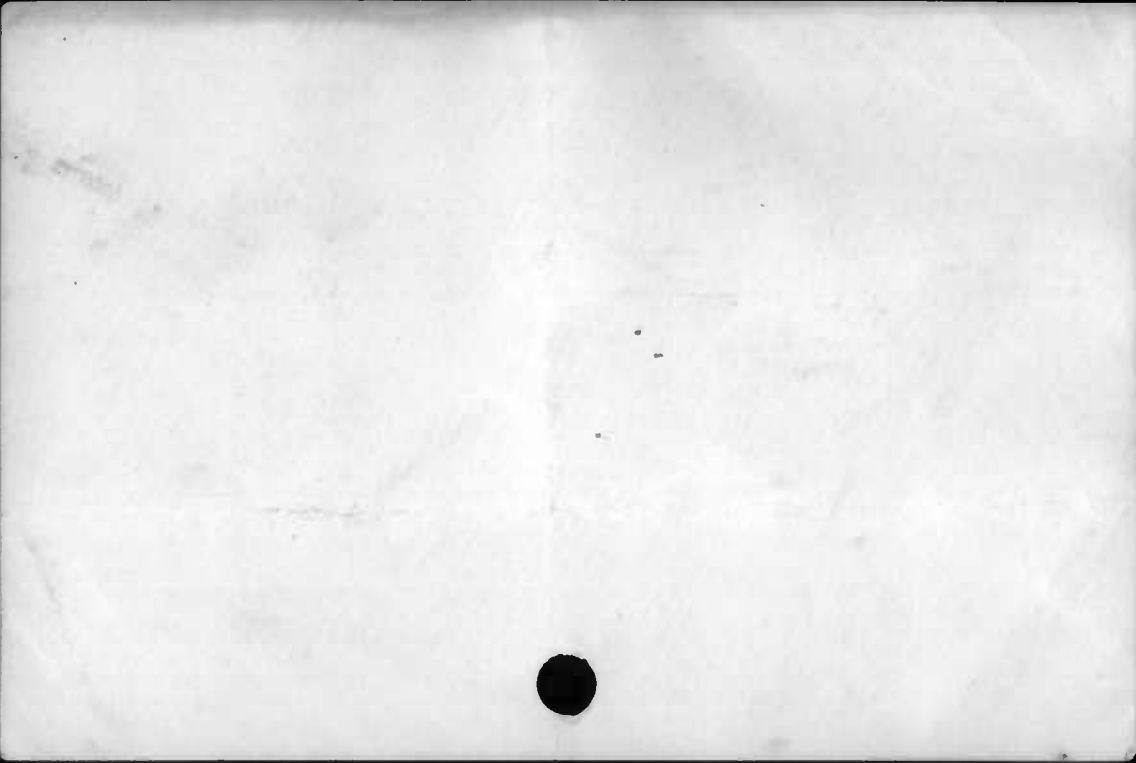
Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician R. S. Lyons

Address Frederick, Md

Accident or Suicide? ☒





Name  
in  
Full

## CERTIFICATE OF DEATH

Annie Mary Courn

Town

County

Died at Frederick

Frederick

MARYLAND

Date  
of death 1908

Month

10

Day

23

Years

Age 68

Months

0

Days

10

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Casper Courn

Father's  
Name

Jacob

Wirtz

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Louise

Mother's  
Birthplace

"

Name of person giving  
Information

Mrs. Guy Albaugh

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Cardiac Dilatation

How long

8 months

Immediate

Asthma

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Labner

Address

Frederick md.

Accident or Suicide

---

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Oct 25 - 1908

" at Mt Olivet Cemetery

Thomas P. Rice F. O.

Dr Busch.

Dr McCurdy.

Name  
in  
Full

Ollie Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Buckeytown Sta</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1908	Month	Oct	Day	31
Sex	Male	Color or Race	White	Age	13
Birthplace	Md.				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name	James Davis			Father's Birthplace	Md.
Mother's Maiden Name	Jouette Hoffman			Mother's Birthplace	Md.
Name of person giving information	Lillian Cookrell			How related to deceased	Cousin

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	12 days
Immediate	Complications of Lung & Brain	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Clyde Routon
		Address	Buckeytown
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James I Deener* County *West Va*  
Died at *New Jamesburg W.V.* *Morgan* *MARYLAND*  
Date of death 1908 Month *Oct* Day *12* Age *26* Months *—* Days *—*  
Sex *male* Color or Race *White* Birth-place *West Va*  
Occupation *Brakeman* Where Residing if not at place of death *Brunswick Md*  
Married, Single or Widowed *Married* Name of Wife or Husband *Julia Harper*  
Father's Name *Clay Deener* Father's Birthplace *Md*  
Mother's Maiden Name *Elena Francis Daniels* Mother's Birthplace *Md*  
Name of person giving Information *Julia Harper* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Killed by car* How long *Out of State*

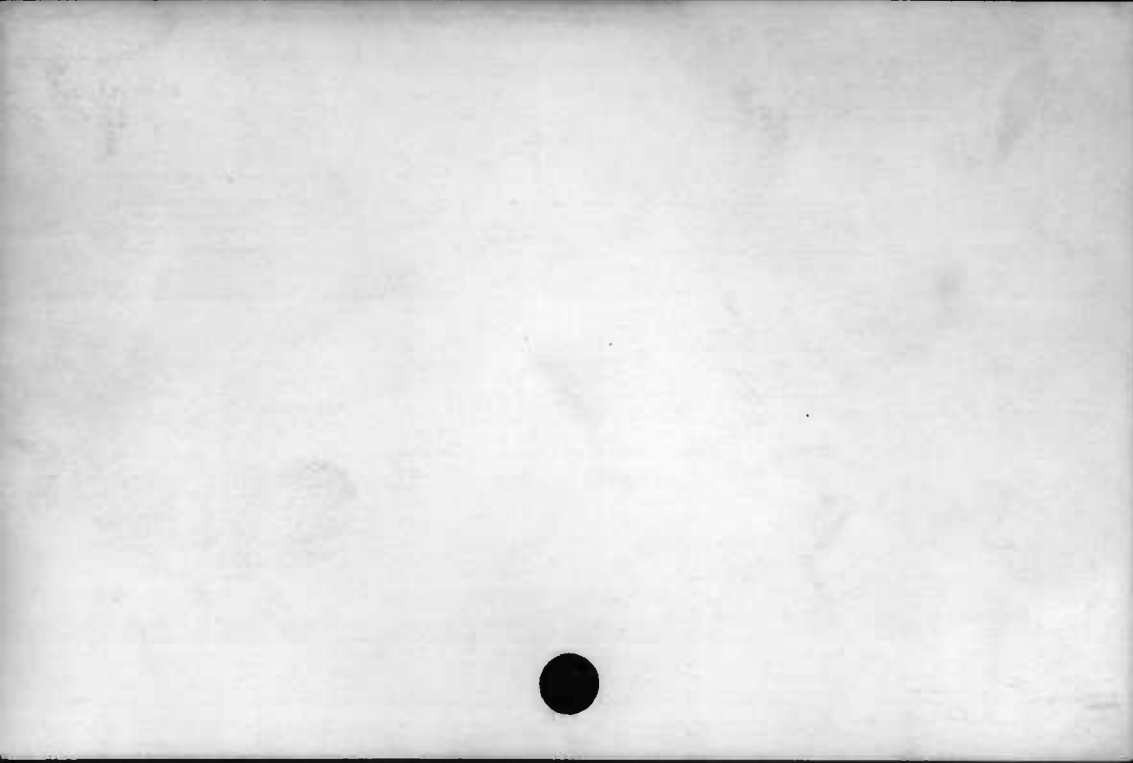
Immediate *Killed by car* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Ada L. Ellis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i>		Town		<i>Fredericks</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>26</i>		Years <i>38</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Washington D.C.</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John L. Ellis</i>							
Father's Name <i>John J. Coulter</i>		Father's Birthplace <i>Mod</i>							
Mother's Maiden Name <i>Jennie Cox</i>		Mother's Birthplace <i>"</i>							
Name of person giving Information <i>John L. Ellis</i>		How related to deceased <i>Husband</i>							

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>Said to be 6 months</i>
Immediate	<i>Sepsis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. H. H. Jones</i>	
		Address <i>Fredericks</i>	
Accident or Suicide <i>no</i>		<i>my observation 4 hours under</i>	

Internment Oct 28-1908  
" at Annapolis Md.

Thomas P. Rice F.O.

Dr. Hedges

Dr. McCurdy



Name  
in  
Full

Anna Catharine Engle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

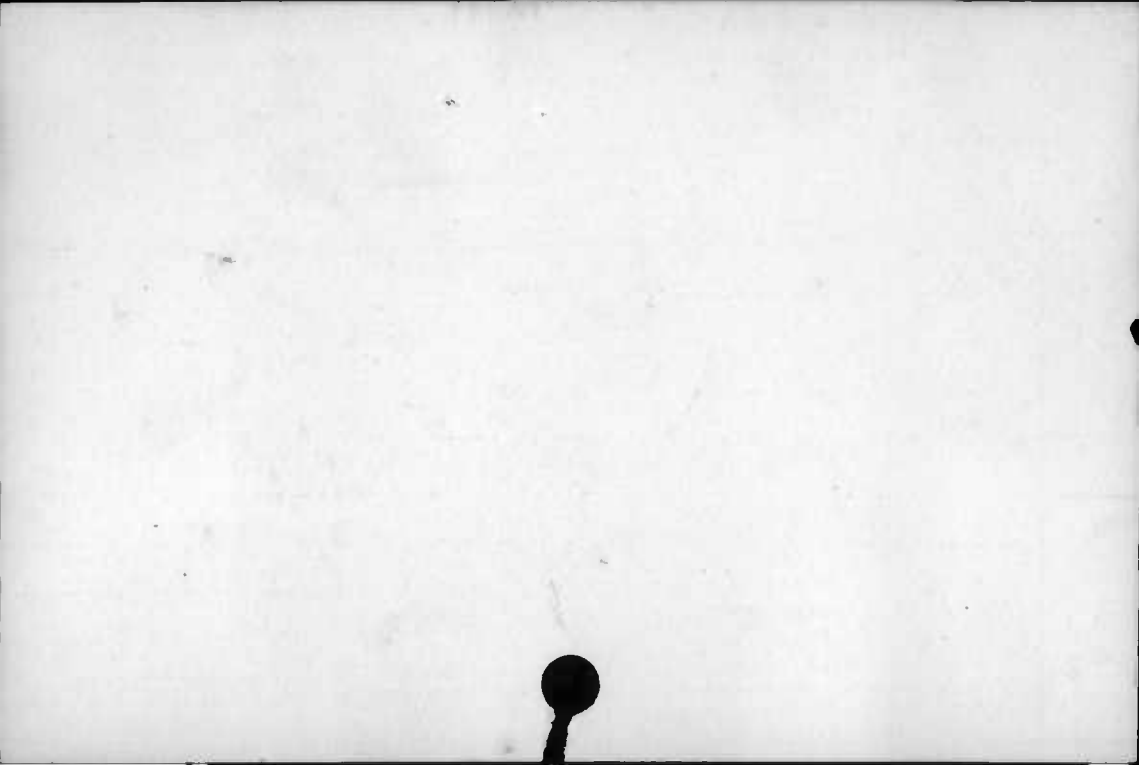
Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>29</i>		Years <i>61</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Frederick Co Md</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Age <i>61</i>		Days <i>6</i>	
Married, Single or Widowed <i>Widow</i>		Name of <del>Wife</del> Husband <i>John M Engle, Deed</i>		Father's Name <i>George Wiles</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Sarah Hahn</i>		Mother's Birthplace <i>—</i>		Name of person giving information <i>William J Engle</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>24 months or more</i>
Immediate <i>Athemia</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Haffner, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Luther Edward Ensor,

## CERTIFICATE OF DEATH

Town

Died near Hoodsboro.

County

Pres.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

10

2

Age

—

7

20

Sex

Male

Color or  
Race

White

Birth-  
place

Near Hoodsboro.

Occupation

Infant —

Where Residing if not  
at place of death

at place of death.

Married, Single  
or Widowed

—

Name of Wife or  
Husband

Anne

Father's  
Name

Wm. Ensor. —

Father's  
Birthplace

Utica

Mother's  
Maiden Name

Anna Engle.

Mother's  
Birthplace

Thurmont.

Name of person giving  
information

Father, Wm. Ensor.

How related  
to deceased

Father.

## CAUSES OF DEATH

55

Primary

Auto intoxication

How long

2 weeks.

Immediate

Unknown

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

W. H. Fable.

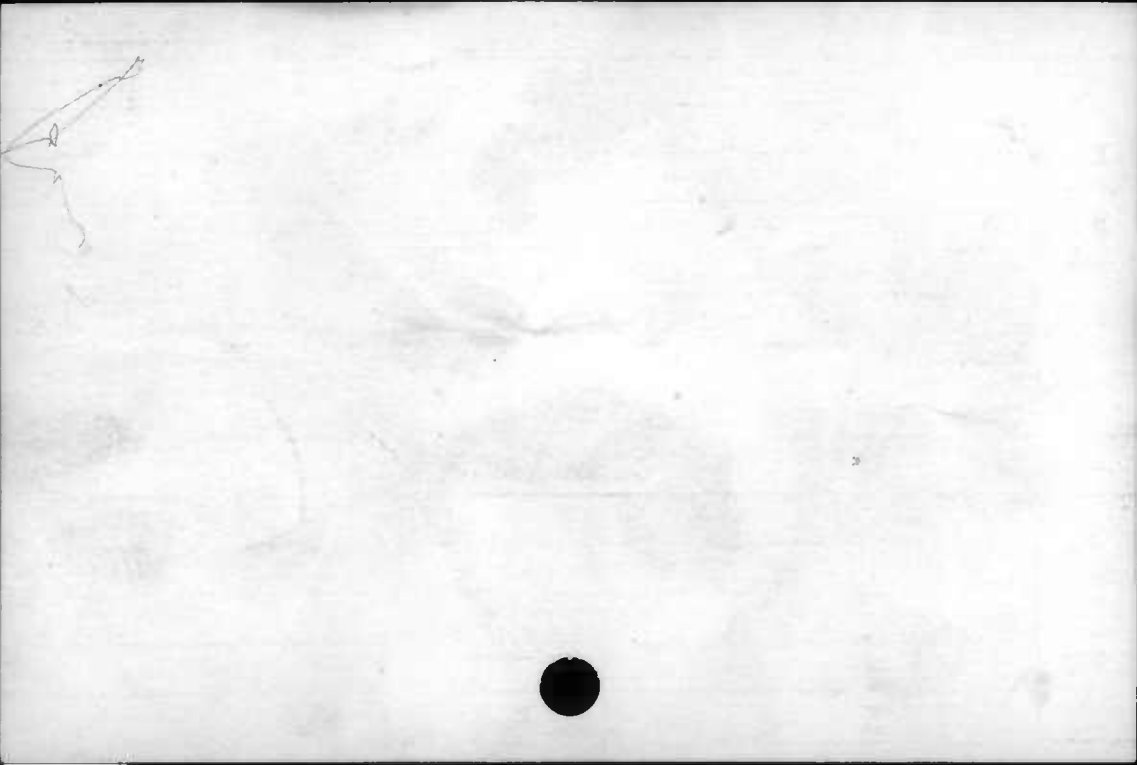
Address

Hoodsboro, Md.

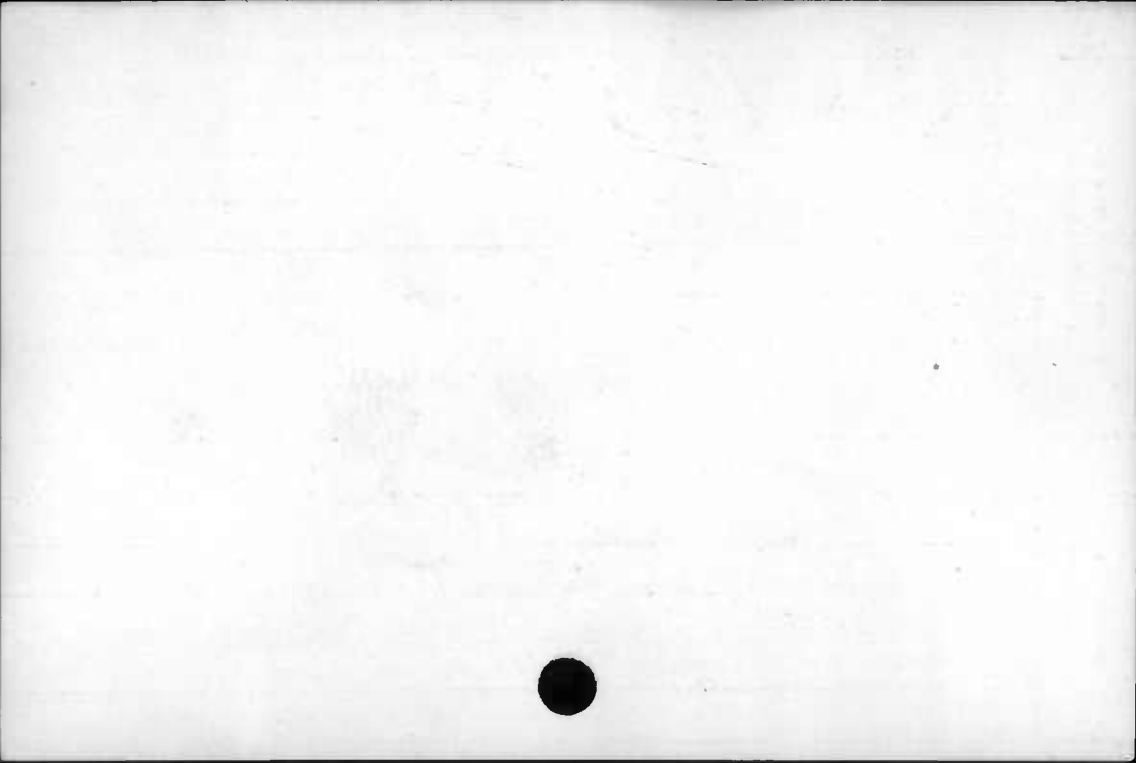
Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Emeline Florence Ethlen</b>		CERTIFICATE OF DEATH	
Died at <b>Liberty Town</b> <sup>Town</sup>		<b>Frederick</b> <sup>County</sup>	
Date of death <b>1908 Oct 14</b>		Age <b>51</b> Years	
Months <b>13</b>		Days <b>10</b>	
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Frederick Co</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Chas. E. Ethlen</b>		
Father's Name <b>Rufus H. Appleby</b>	Father's Birthplace <b>Montgomery Co</b>		
Mother's Maiden Name <b>Margaret A. Bequith</b>	Mother's Birthplace <b>Carroll Co</b>		
Name of person giving information <b>Chas E. Ethlen</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
Primary <b>Carcinoma Liver</b>		How long <b>3 yrs</b>	
Immediate <b>E. Lausion</b>		How long <b>2 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Wm B. Stone</b>	
		Address <b>Liberty Town</b>	
		<b>Frederick Co</b>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

John Albert Eves

Died at

Waterstreet

County

Frederick

MARYLAND

Date

of death 1908

Month

Oct

Day

25

Age

64

Months

1

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Mary Jane Morgan

Father's  
Name

William H Eves

Father's  
Birthplace

Frederick Co.

Mother's  
Maiden Name

Lydia A Keeney

Mother's  
Birthplace

11

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Bright's Disease

How long

3 months

Immediate

Uremic Poison

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

W. E. Stone

Address

Mt Pleasant

Accident or Suicide

Maryland

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





# CERTIFICATE OF DEATH

Died at		Indeneth		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	10	12	50	3	23	
Sex	Male		Color or Race	White		Birth-place	Indeneth.
Occupation	Laborer			Where Residing if not at place of death			
				W. Mount St			
Married, Single or Widowed	Married		Name of Wife or Husband	Clara Fagan			
Father's Name	John Fagan				Father's Birthplace	Indeneth	
Mother's Maiden Name	Annis Gladys Smart				Mother's Birthplace	Frederick	
Name of person giving information	P. R. Smith				How related to deceased	None	

### CAUSES OF DEATH

10

Primary *La Grappe*

How long 2 weeks

Immediate *Gasbills*

How long *2 weeks*

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of Physician \_\_\_\_\_

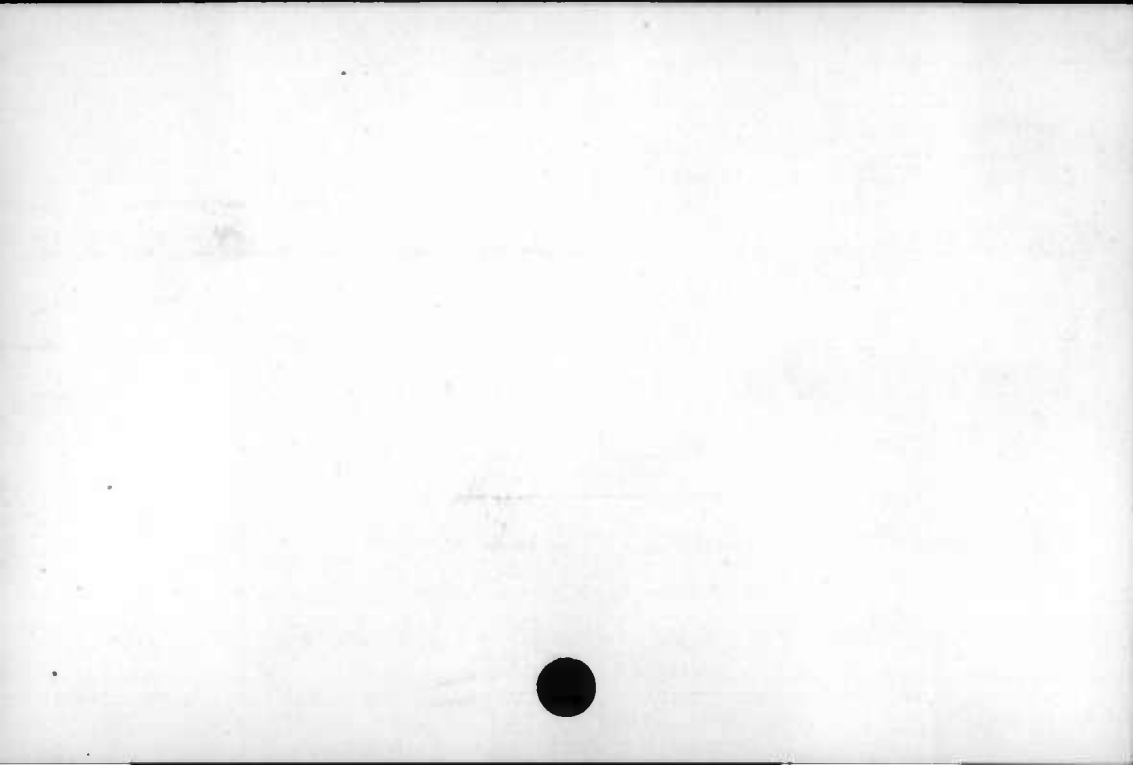
Transcript Buchanan

Address

Frederick

## Accident or Suicide?

Ind



Name  
in  
Full

Franklin T. Feigley

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date  
of death 1908

Month

10

Day

10

Age

Years

0

Months

0

Days

6, Hrs

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Where Raiding if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Earle Feigley

Father's  
Birthplace

Frederick

Mother's  
Meiden Name

Adella V. Fogle

Mother's  
Birthplace

"

Name of person giving  
Information

Earle Feigley

How related  
to deceased

Father

## CAUSES OF DEATH

(150)

Primary

Congenital Malformation

How long

Immediate

" Cardiac Failure 1 Year

How long

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

Address

F. H. Hedges  
Frederick

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Oct 10 - 1908  
" at Mt Olivet Cemetery  
Thomas P. Rice F. O.

Dr. Hedges

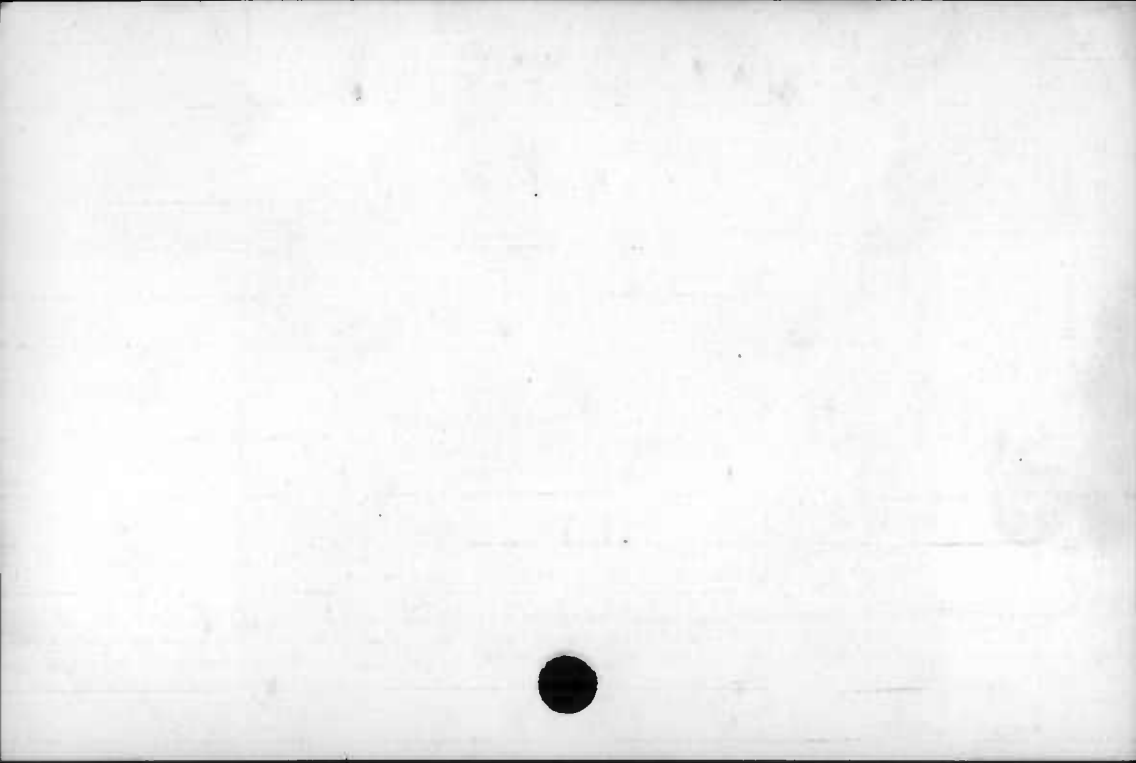
Dr. McCurdy

Name in Full <b>Morgantown</b>		County <b>Frederick</b>		CERTIFICATE OF DEATH	
Died at <b>Emmitsburg</b>		Town <b>Emmitsburg</b>		MARYLAND	
Date of death <b>1908 Oct 4</b>		Month <b>Oct</b>		Day <b>4</b>	
Age <b>5</b>		Years <b>5</b>		Months <b></b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b></b>	
Occupation <b></b>		Where Residing if not at place of death <b></b>			
Married, Single or Widowed <b></b>		Name of Wife or Husband <b></b>			
Father's Name <b>Pious Felix</b>		Father's Birthplace <b>Pennsylvania</b>			
Mother's Maiden Name <b>Urbana Webb</b>		Mother's Birthplace <b>Emmitsburg</b>			
Name of person giving information <b>Dorice Sweeney</b>		How related to deceased <b>Undertaker</b>			
CAUSES OF DEATH					
Primary <b>Intestinal toxaemia</b>		How long <b>4 days.</b>			
Immediate <b>Convulsions</b>		How long <b>7 hours</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>B. J. Jamieson</b>			
		Address <b>Emmitsburg Md.</b>			
Accident or Suicide? <b></b>					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

106



Name  
in  
Full

William A Higgins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Monticume Hospital

Town

Frederick

County

MARYLAND

Date  
of death 1908

Month

Oct

Day

22

Age

Years

68

Months

Days

Sex Male

Color or  
Race

white

Birth-  
place

Unknown

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

Milford Higgins

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Elizabeth Phoebe

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Albia Kessler

How related  
to deceased

## CAUSES OF DEATH

179

Primary

Sudden debility

How long

6 hrs

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

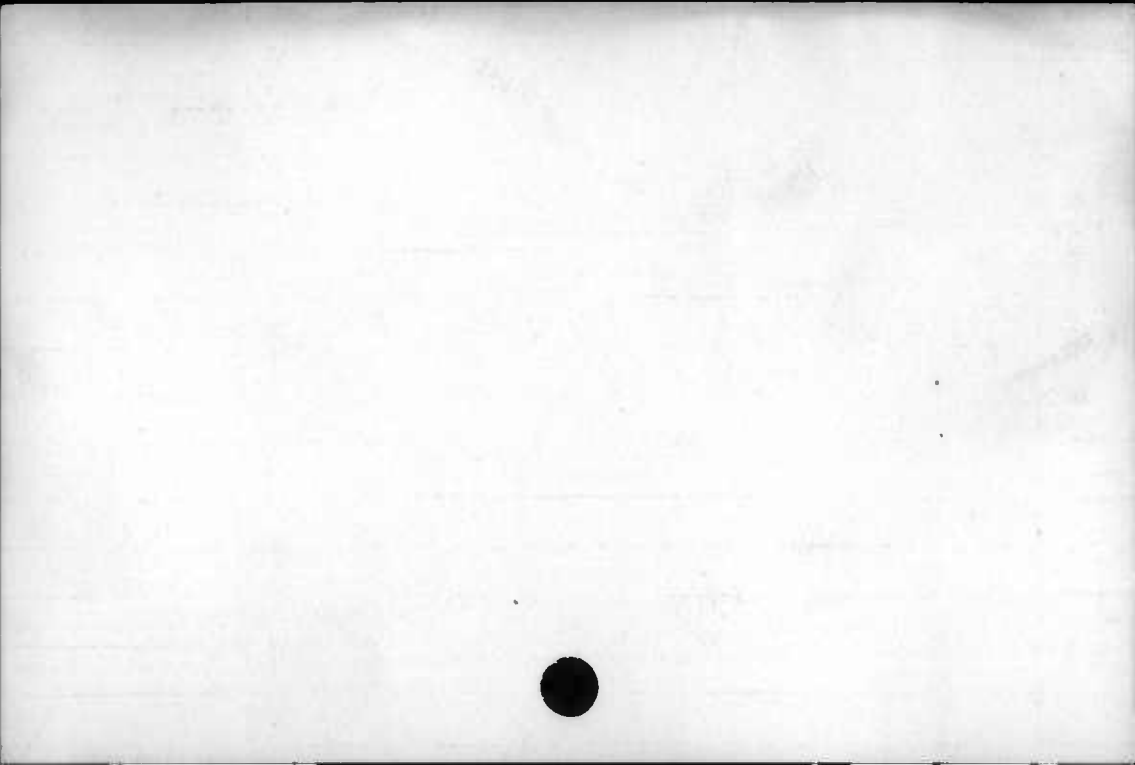
yes

Signature of  
Physician

R. S. Tyson

Address

Frederick  
Md.Accident or Suicide? ☒PHYSICIAN  
OR CORONER





Name  
in  
Full

Alice O. Link

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

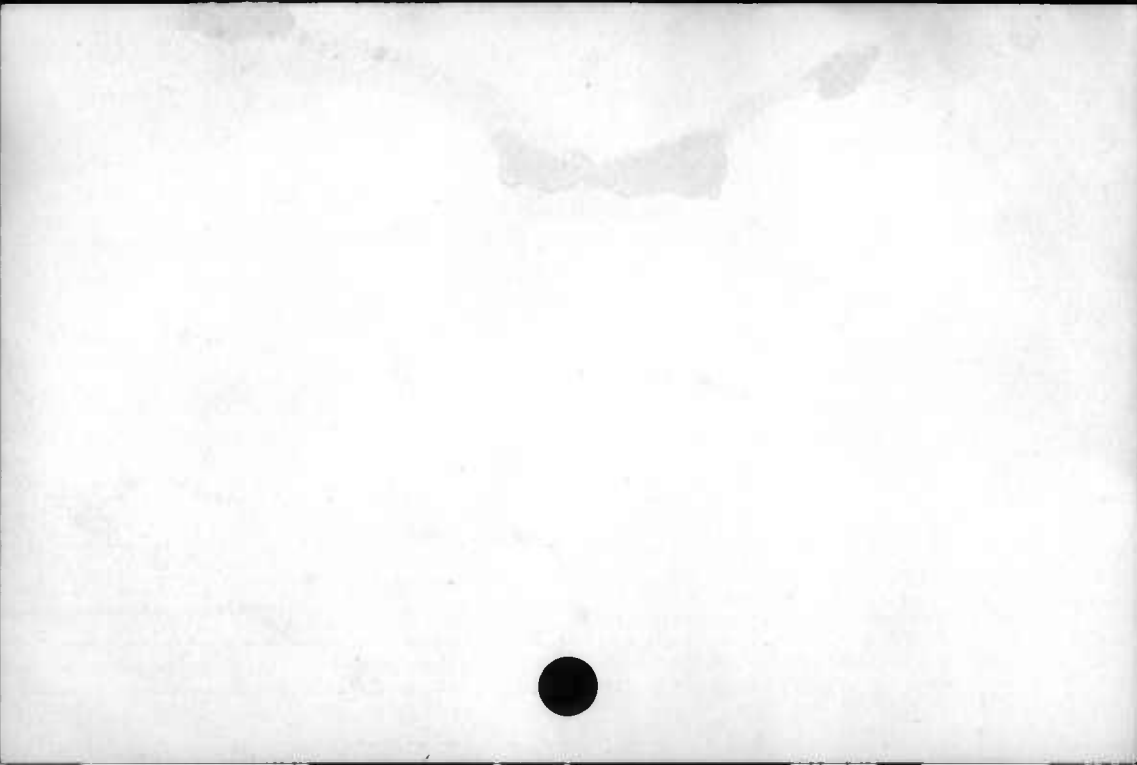
Died at <u>Middleton</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	<u>10</u> <sup>Month</sup>	<u>23</u> <sup>Day</sup>	Age <u>57</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>8</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Middleton - Md.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Willard Link</u>					
Father's Name <u>Josephus Remsburg</u>			Father's Birthplace <u>Frederick Co. Md.</u>		
Mother's Maiden Name <u>Mary E. Cone</u>			Mother's Birthplace <u>Frederick Co. Md.</u>		
Name of person giving information <u>Edith Link</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Organic Heart Trouble -</u>	How long <u>3 or 4 years</u>
Immediate <u>Heart Failure</u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. Herbert Beasley</u>
	Address <u>Middleton</u> <u>Maryland</u>
Accident or Suicide?	



Name  
in  
Full

Daniel W. Forrest

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

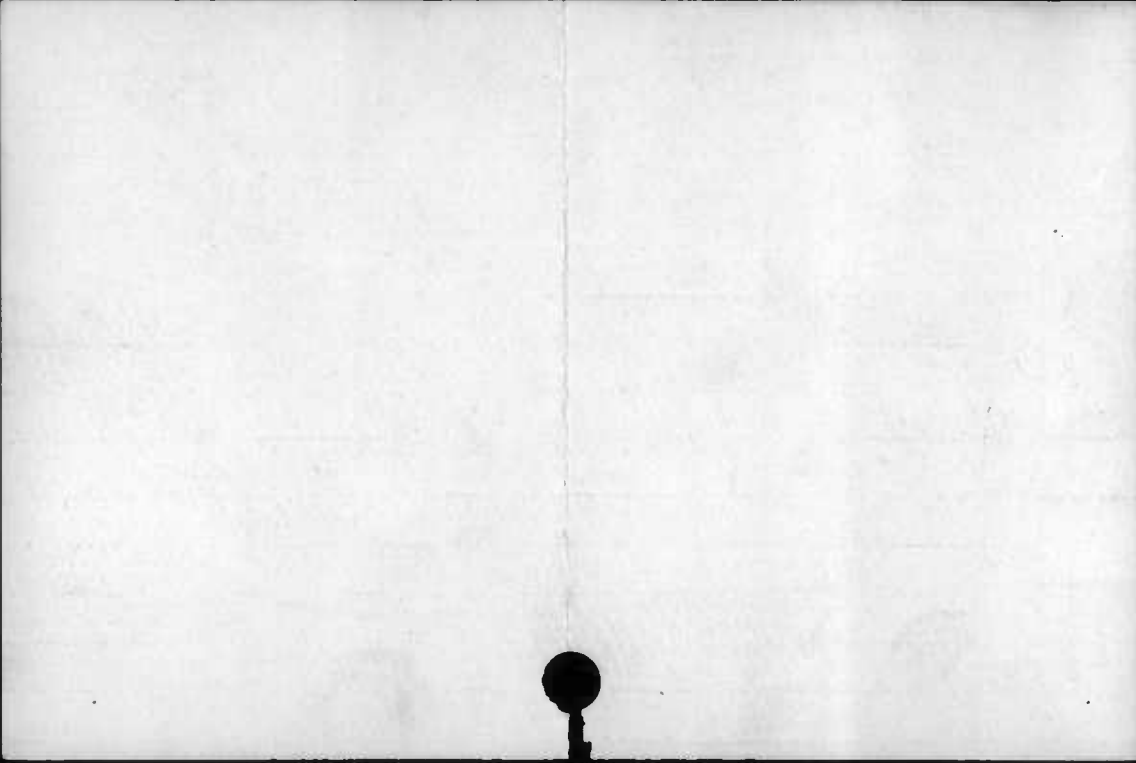
Died at <i>Wolfville</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>10</i>	Age <i>71</i>	Years <i>10</i>	Months <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Garfield Md</i>		
Occupation <i>Farmer</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel W. Forrest</i>			
Father's Name <i>Salomon Forrest</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown Wolf</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>J. W. Hoover</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Stomach</i>	How long <i>18 mo-</i>
Immediate <i>_____</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Wheeler</i>
	Address <i>Brownboro</i>
	<i>Washers Co</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Araby</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>6</i>	Age <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Araby Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Alta Fouche</i>		Father's Birthplace <i>Araby Md</i>			
Mother's Maiden Name <i>Daisy Cutsail</i>		Mother's Birthplace <i>Id</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONERPrimary *Immature Birth*

How long

Immediate *Birth*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *—*

Interment Oct 9 - 1908

" at Mt Olivet Cemetery

Thomas P. Rice Fox

Dr Goodell

Dr. Mc Gurdy

Name  
in  
Full

Peter Harselman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ellerton* TownCounty *Frederick*Date of death *1908* Month *Oct.*Day *20*Age *68* YearsMonths *9*Days *4*Sex *Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*Farmer*Where Residing if not  
at place of death*Ellerton*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Sueinda C. Cline*Father's  
Name*George Harselman*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Mary Kesselring*Mother's  
Birthplace*Maryland*Name of person giving  
information*Ressie Summers*How related  
to deceased*Daughter*

## CAUSES OF DEATH

120

Primary

*Chronic Nephritis*

How long

*1 year*

Immediate

*Pericarditis*

How long

*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician

Address

*Ralph Browning  
Myersville, Md.*

Accident or Suicide?





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

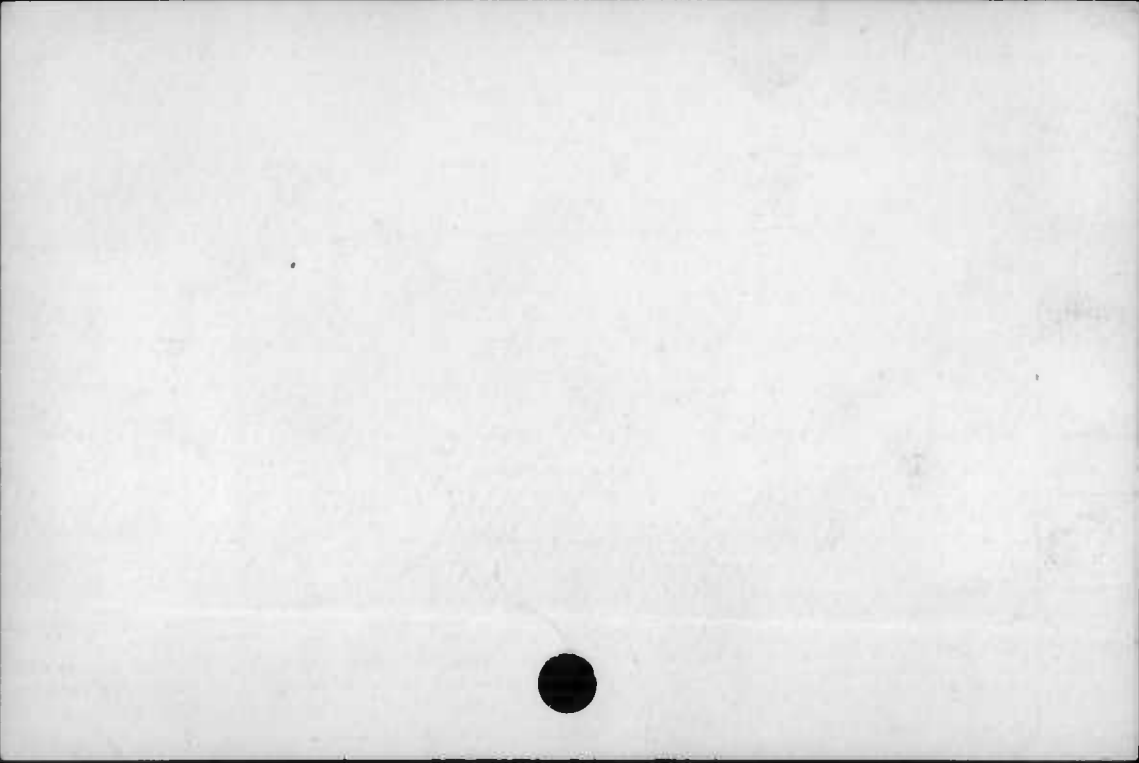
Died at		Town <i>Graceland</i>		County <i>Frederick</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>Oct</i>	Day <i>27</i>	Age Years <i>69</i>	Months <i>10</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Greenwood Md</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eliza Karyman</i>					
Father's Name <i>Geo H. Header</i>		Father's Birthplace <i>Reading, Pa</i>					
Mother's Maiden Name <i>Annie Knouff</i>		Mother's Birthplace <i>Fredt Co Md</i>					
Name of person giving information <i>Mrs Eliza Header</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Atherosclerosis</i>	How long	<i>8 years</i>
Immediate	<i>Organic Heart Disease and Bronchitis Pneumonia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E C Kefauver</i>	
		Address <i>Thymont Maryland</i>	
Accident or Suicide? <i>No</i>			

79



Name  
in  
Full

See Roy Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jamesville</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Oct.	Day	7
Age		Years		Months	2
Sex	male	Color or Race	coloured	Birth-place	Jamesville
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>consolidation</i>	How long	<i>12 h.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Benj. C. Perry</i>	
		Address	
		<i>Araby, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Alice K. Hosine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

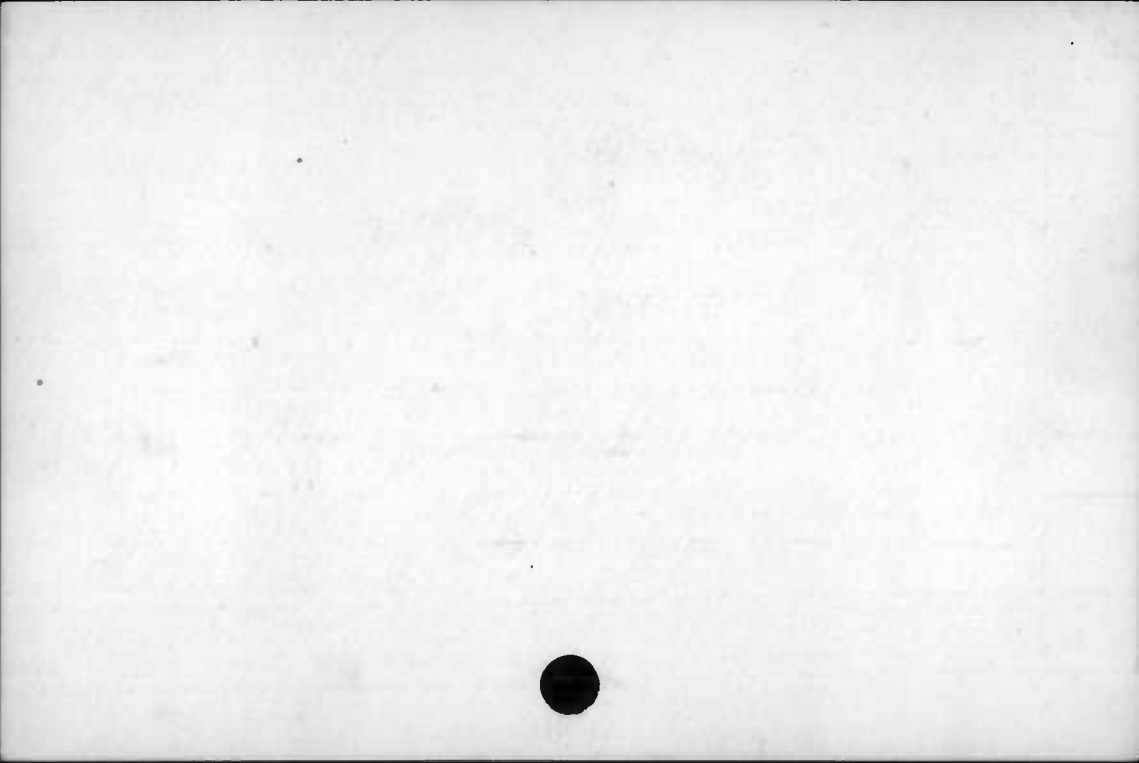
Died at <i>Myersville</i> <sup>Town</sup>		County <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month	Oct.	Day	4
Age	55	Years	19	Months	7
Sex	Female	Color or Race	White	Birth-place	Fredrick Co. Md.
Occupation	Housewife		Where Residing if not at place of death <i>Myersville</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Jessie Hosine</i>		
Father's Name	<i>Henry Schicknecht</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Susanna Snyder</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>John Hosine</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>10 days</i>
Immediate	<i>Uraemia</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Ralph Harrison</i>	
Address		<i>Myersville Md.</i>	
-Accident or Suicide?			



Name  
in  
Full

*Madoria R. Horne*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Burkittsville* *Fred.* County

Date of death *1908 Oct 24* Age *47* *5* Months *8* Days

Sex *Female* Color or Race *White* Birth-place *Burkittsville Md*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *0*

Father's Name *Cyera Horne* Father's Birthplace *Fred. Co.*

Mother's Maiden Name *Ann Elizabeth* Mother's Birthplace *Fred. Co.*

Name of person giving information *Cyera Horne* How related to deceased *Father*

CAUSES OF DEATH

**104**

Primary *Gastritis* How long *7 weeks*

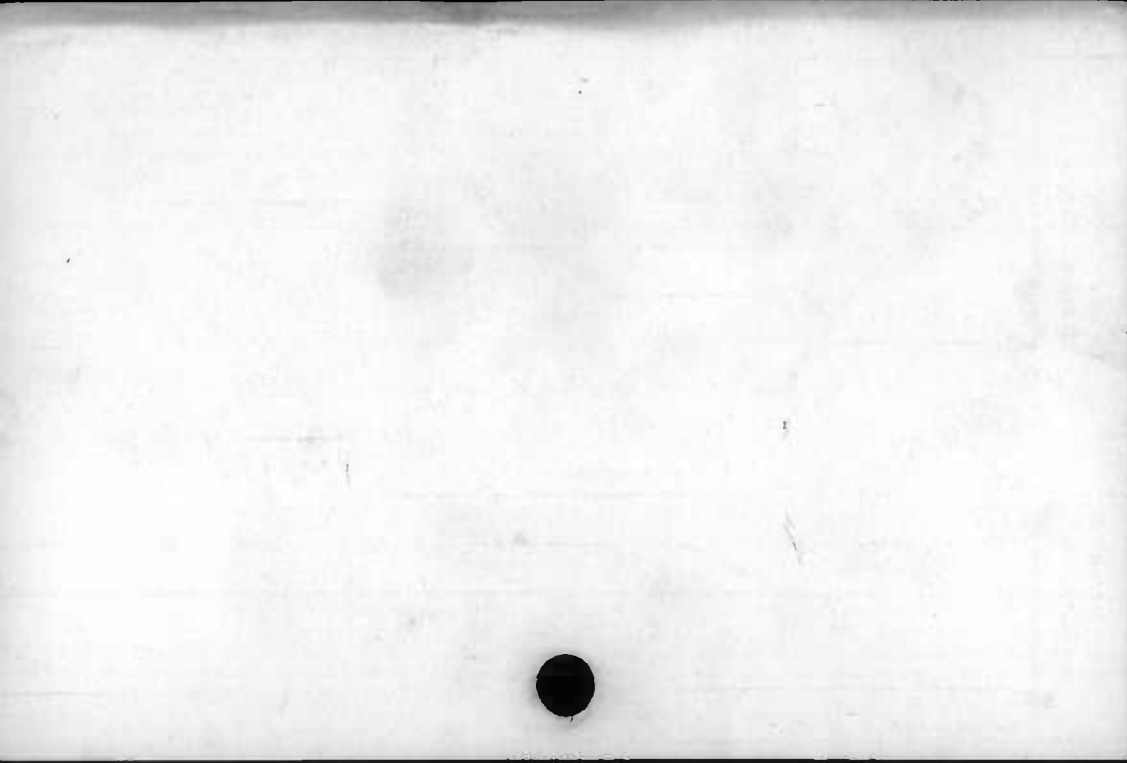
Immediate *Taxemia* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. J. Miller*

Address *Burkittsville Md*

Accident or Suicide?





Name  
in  
Full

*Imprint 7 Daniel Howard*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

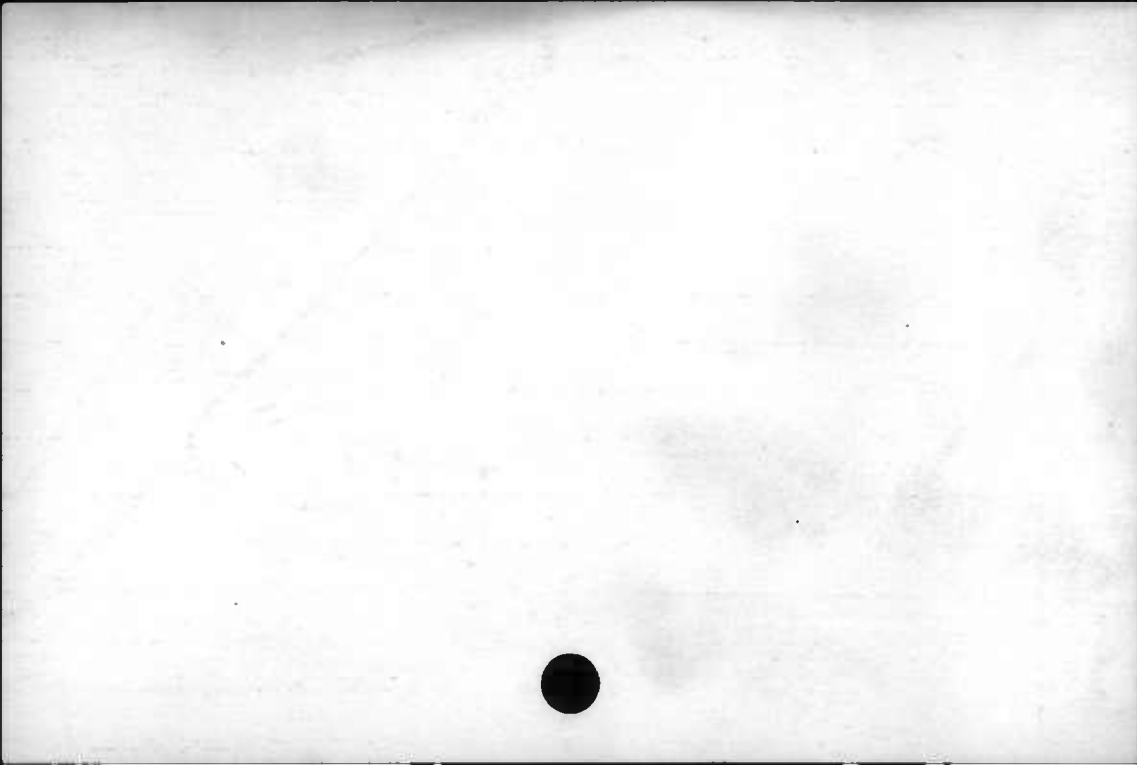
Died at <i>Petersville</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Petersville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Daniel Howard</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Venice Hardy</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

**150**

PHYSICIAN  
OR CORONER

Primary <i>Leifemia</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sam Chaggett</i>
	Address <i>Petersville Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Richard J. Hughes

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Sabillasville*County *Fredenck*

MARYLAND

Date  
of death *1908*Month *Oct*Day *6*

Age

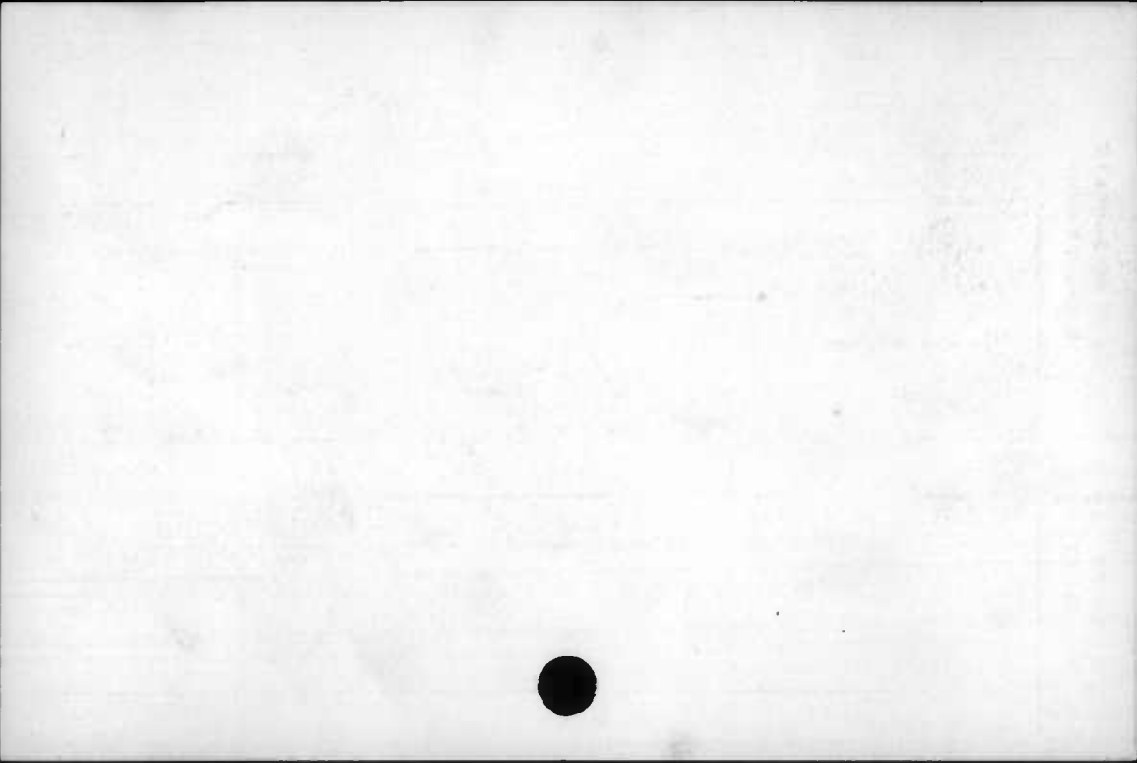
Years *41*Months *—*Days *—*Sex *M*Color or  
Race *W*Birth-  
place *Ireland*Occupation *Iron Moulder*Where Residing if not  
at place of death *20 S. Madeira St. Balt.*Married, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband *Mrs R. J. Hughes*Father's  
Name *John Hughes*Father's  
Birthplace *Ireland*Mother's  
Maiden Name *Winifred Byrne*Mother's  
Birthplace *Ireland*Name of person giving  
In formation *Richard J. Hughes*How related  
to deceased *Deceased*

## CAUSES OF DEATH

**27**Primary *Pulmonary Tuberculosis*How long *5 mo*Immediate *Tuberculous Meningitis*How long *2 weeks*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Bayard J. Coram*Address *Sabillasville**Maryland Tub. Sanatorium*Accident or Suicide? *No**Maryland*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Frank Jackson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mound <sup>Town</sup>		Frederick <sup>County</sup>		MARYLAND		
	Date of death	1908	Oct <sup>Month</sup>	4 <sup>th</sup> <sup>Day</sup>	45 <sup>Years</sup>	Months	Days	
	Sex	Male		Color or Race	Black		Birth-place	
	Occupation	Laborer		Where Residing if not at place of death				
	Married, Single or Widowed	Unknown		Name of Wife or Husband		Unknown		
	Father's Name	"		"		Father's Birthplace	Unknown	
	Mother's Maiden Name	"		"		Mother's Birthplace	"	
	Name of person giving information					How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">166</div>								
PHYSICIAN OR CORONER	Primary	Internal injuries, due to being struck by train.					How long	12 hrs
	Immediate	Hemorrhage					How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		M. B. Bourne	
					Address		Frederick, Md	
	Accident or Suicide?		Accident					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Agnes May Kedwell

Town

County

Died

Brunswick

Fredrick

MARYLAND

Date

of death

1908

Month

Oct

Day

27

Age

Years

36 40

Months

Febx

Days

20

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife  
Husband

Wm. H. Kedwell

Father's  
Name

John A. Phillips

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Willie A. Redmond

Mother's  
Birthplace

Ind

Name of person giving  
Information

Chas. W. Hutt

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Tuberculosis of lungs

How long

one year

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

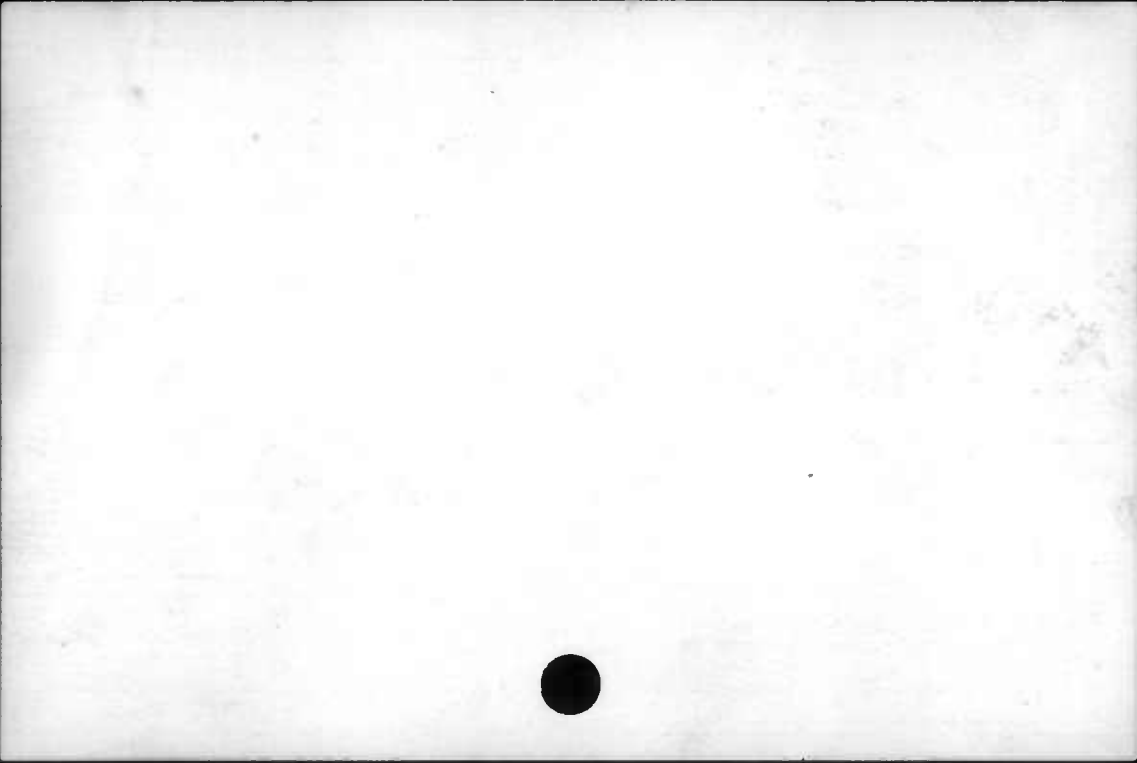
yes

Signature of  
Physician

Address

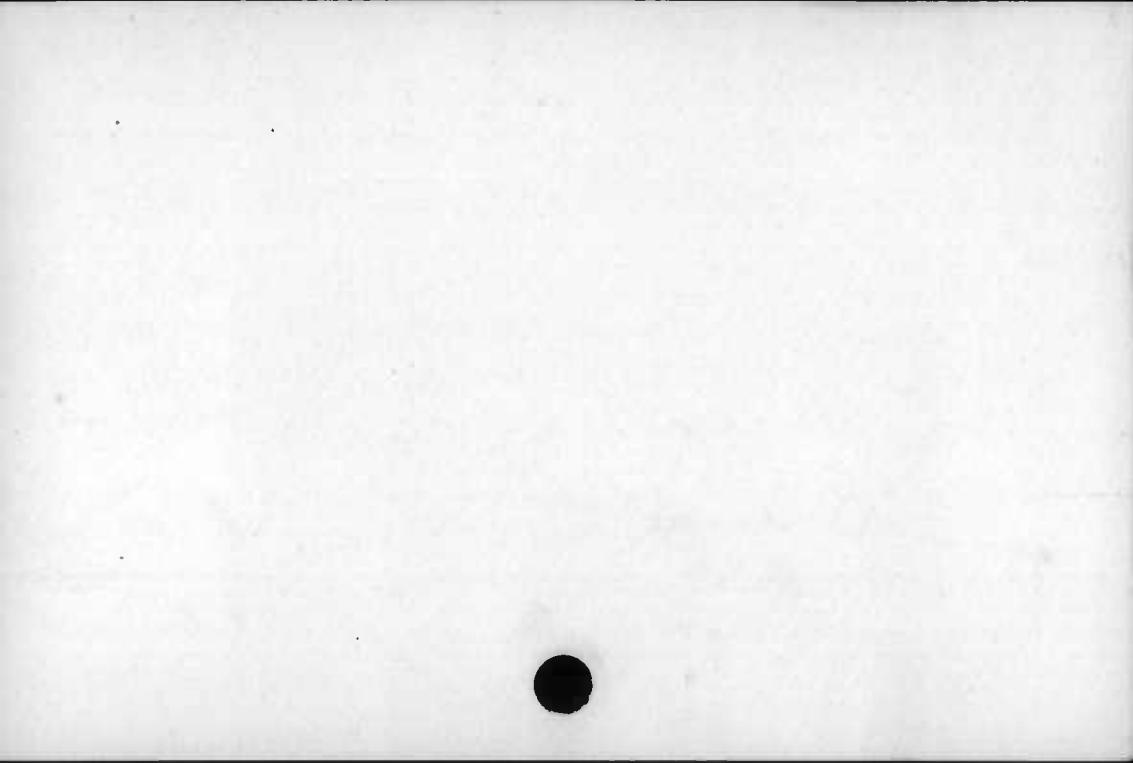
H. D. Hedger  
BrunswickPHYSICIAN  
OR CORONER

Accident or Suicide





Name in Full <b>Fannie Lontz</b>		Town <b>Emmitsburg</b>		County <b>Fredrick</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months Days	
1908		Oct.		4		26	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Sabillasville</b>			
Occupation <b>House-wife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Vernon M. Lontz</b>					
Father's Name <b>Joseph Harbaugh</b>		Father's Birthplace <b>Sabillasville</b>					
Mother's Maiden Name <b>Eliza Harbaugh</b>		Mother's Birthplace <b>Sabillasville</b>					
Name of person giving information <b>Vernon M. Lontz</b>		How related to deceased <b>Husband</b>					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		27			
PHYSICIAN OR CORONER		Primary <b>Pulmonary tuberculosis</b>		How long <b>Two years</b>			
		Immediate <b>General asthenia</b>		How long <b>Two years</b>			
		Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>B. D. Jomison</b>			
				Address <b>Emmitsburg Md</b>			
		Accident or Suicide?					



Name  
in  
Full

Reuben MacAfee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

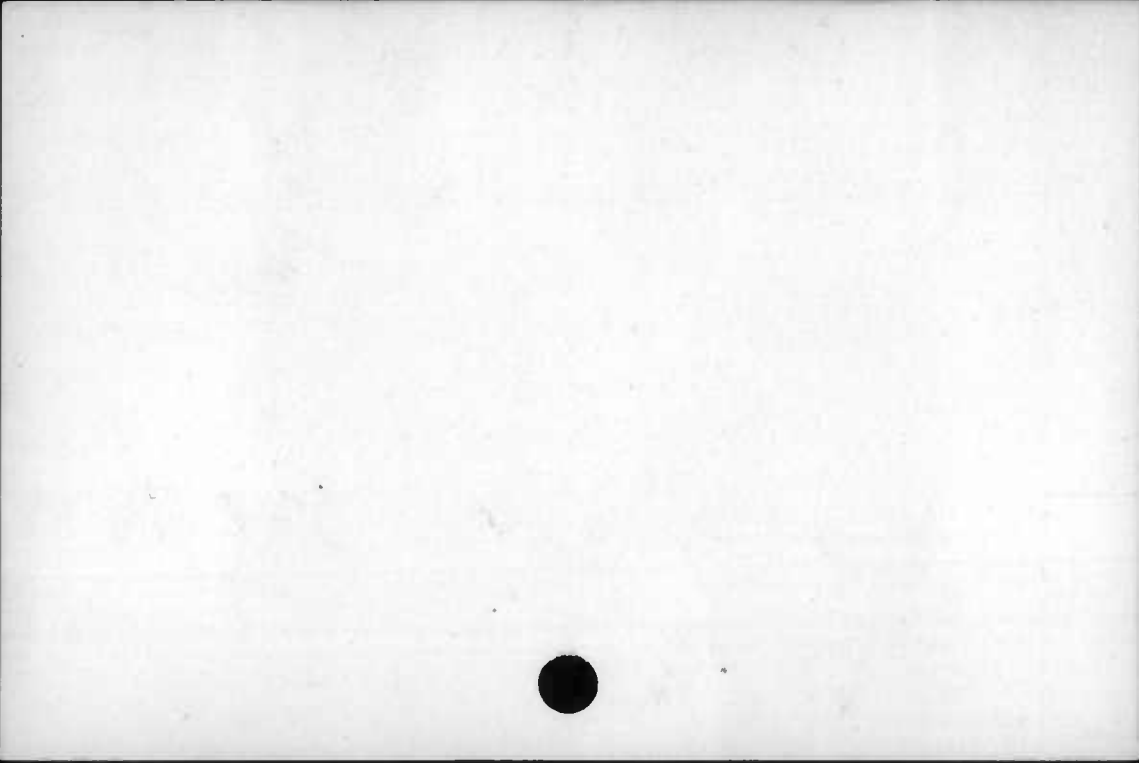
Died at <i>Exville</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>3</i>	Years <i>0</i> Months <i>0</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Exville Ind. 1892</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Reuben MacAfee</i>			Father's Birthplace <i>Exville Ind</i>		
Mother's Maiden Name <i>Rosa Lewis</i>			Mother's Birthplace <i>Exville Ind</i>		
Name of person giving information <i>Reuben MacAfee</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 week</i>
Immediate <i>Bronchitis Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. K. Jones</i>
	Address <i>Shurmont Ind</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Lloyd J. Mac Gill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

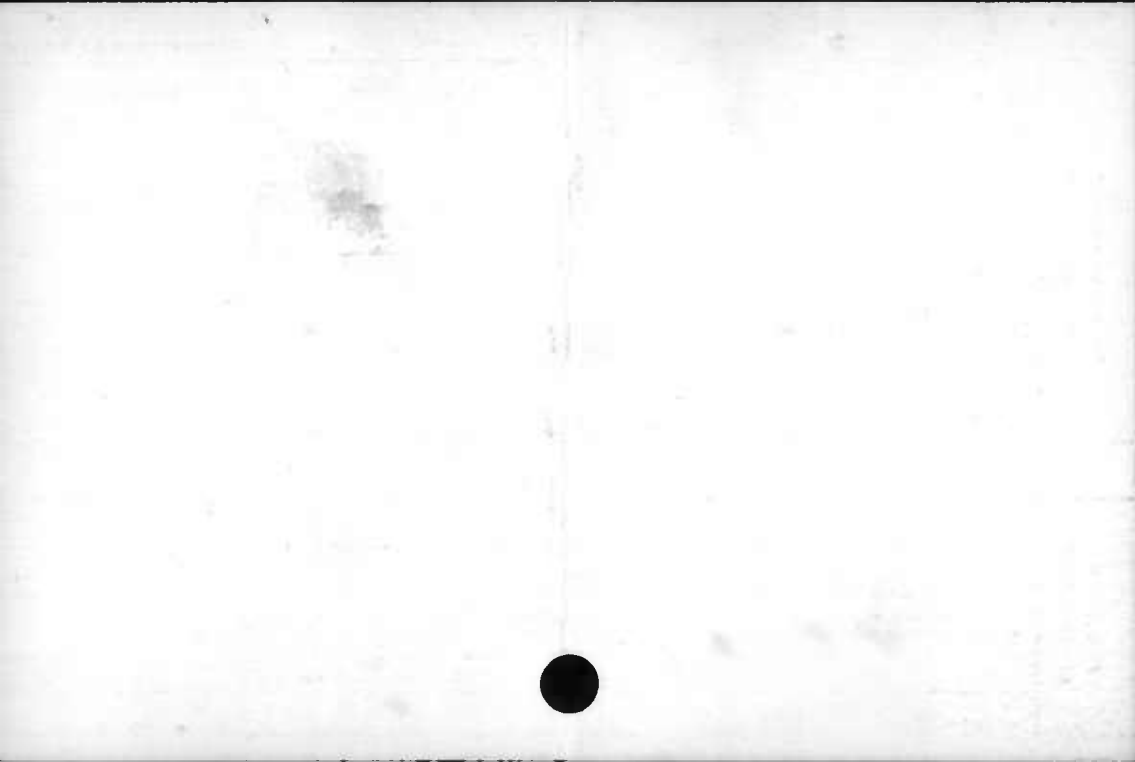
Died at <i>Indrick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>29</i>		Age <i>79</i>		Months <i>3</i> Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Goshen Mont Co Md</i>					
Occupation <i>Dentist</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Rachel E. Mac Gill</i>							
Father's Name <i>Basie Mac Gill</i>		Father's Birthplace <i>Goshen Md</i>							
Mother's Maiden Name <i>Elizabeth Doney</i>		Mother's Birthplace <i>Md</i>							
Name of person giving Information <i>Jm E. Mac Gill</i>		How related to deceased <i>Son</i>							

## CAUSES OF DEATH

125

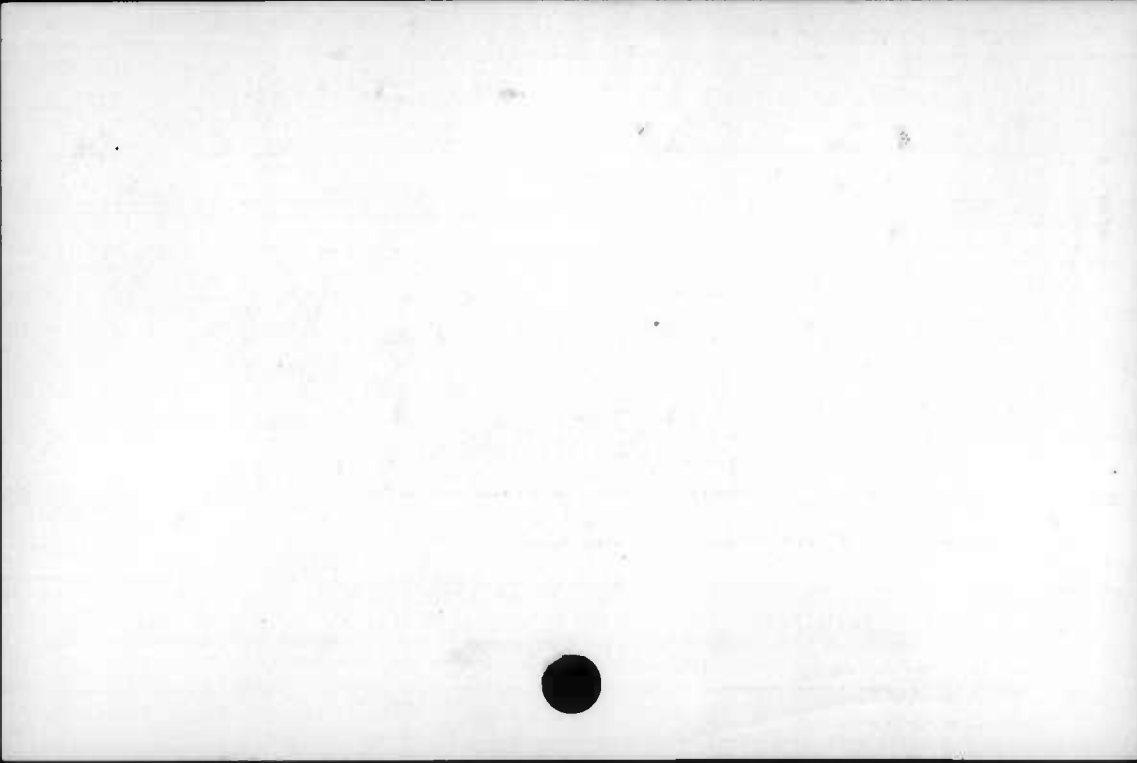
PHYSICIAN  
OR CORONER

Primary <i>Enlargement Prostate</i>		How long <i>3 yrs</i>	
Immediate <i>Exp Lowstin</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Franklin Buchanan</i>	
		Address <i>Indrick Md</i>	
<del>Accident or Suicide</del>			



Name in Full <b>Amanda Ellen Manahan</b>		CERTIFICATE OF DEATH	
Died at <b>Derbyfield</b> <small>Town</small>		<b>Fredrick</b> <small>County</small>	
Date of death <b>1908 Oct.</b> <small>Month</small>		<b>15</b> <small>Day</small>	<b>57</b> <small>Years</small>
<b>Female</b> <small>Sex</small>		<b>White</b> <small>Color or Race</small>	<b>6</b> <small>Months</small>
<b>Housewife</b> <small>Occupation</small>		<b>Fredrick Co Md</b> <small>Birth-place</small>	
<b>Married</b> <small>Married, Single or Widowed</small>		<b>Daniel J. Manahan</b> <small>Name of Wife or Husband</small>	
<b>Daniel Buhman</b> <small>Father's Name</small>		<b>Fredrick Co</b> <small>Father's Birthplace</small>	
<b>Mary Lantz</b> <small>Mother's Maiden Name</small>		<b>" "</b> <small>Mother's Birthplace</small>	
<b>Daniel J. Manahan</b> <small>Name of person giving information</small>		<b>Husband</b> <small>How related to deceased</small>	
CAUSES OF DEATH			
Primary		How long	
Immediate <b>Acute obstruction of bowels</b>		<b>4 days</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>Yes</b>		<b>G. I. Wachter</b>	
<b>No</b>		Address	
Accident or Suicide?		<b>Sabillasville</b>	
		<b>Maryland</b>	

108





Name  
in  
Full

Infant of Mrs A Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brunswick Town Fredrick County MARYLAND

Date of death 190 8 Oct 31 Day — Months — Days 10

Sex male Color or Race white Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John A. Moore Father's Birthplace md

Mother's Maiden Name Winona Dgo Mother's Birthplace Ohio

Name of person giving Information Mrs A. Moore How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Premature Birth How long 10 days

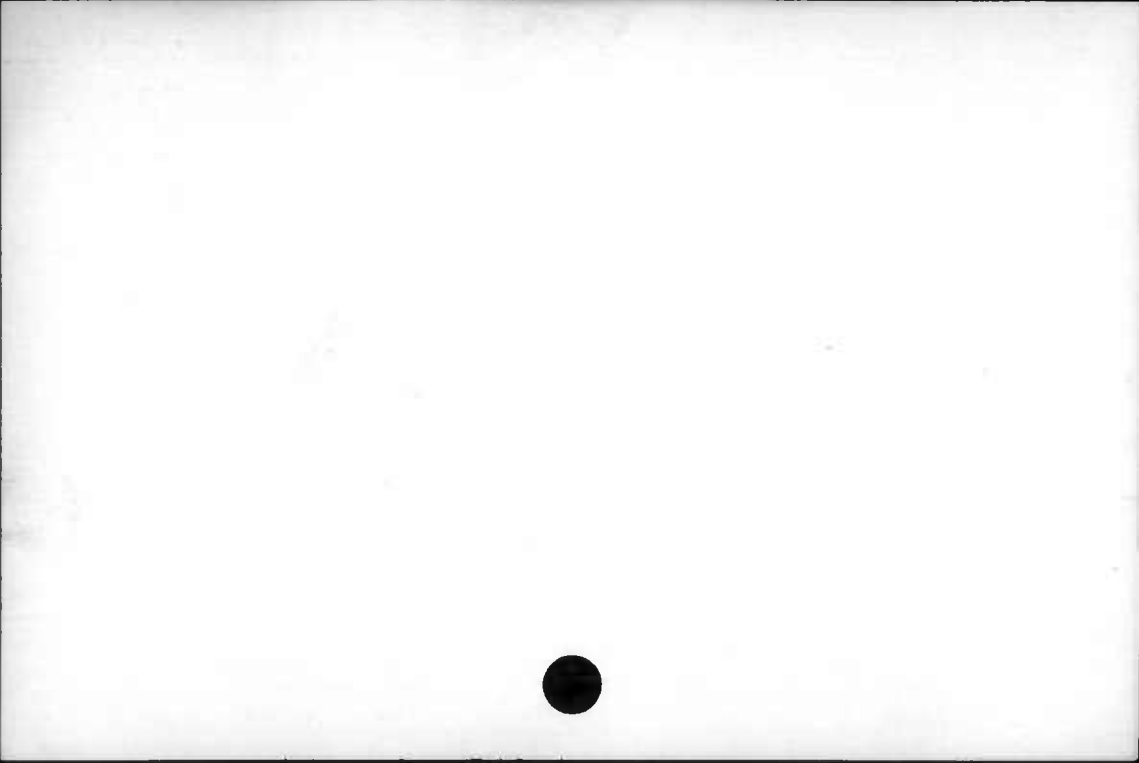
Immediate aspiration How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin West

Address Health Officer

Accident or Suicide



Name  
in  
Full

William Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hansonville</i>		Town <i>Hansonville</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct-</i>	Day <i>28</i>	Age <i>84</i>	Years	Months <i>5</i>	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>at Place of death</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Ann P Bartgis</i>					
Father's Name <i>John Morgan</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Louise Wise</i>		Mother's Birthplace <i>md</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senile debility</i>	How long <i>Couple yrs</i>
Immediate <i>Heart Failure</i>	How long <i>instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. E. B. Miller</i>
	Address <i>Frederick md</i>
Accident or Suicide? <i>md</i>	

Interment Oct 30 - 1908

" at Brook Hill Cemetery

Thomas P. Rice F & O,

Dr. Goodell,

Name  
in  
Full

Ruth O Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

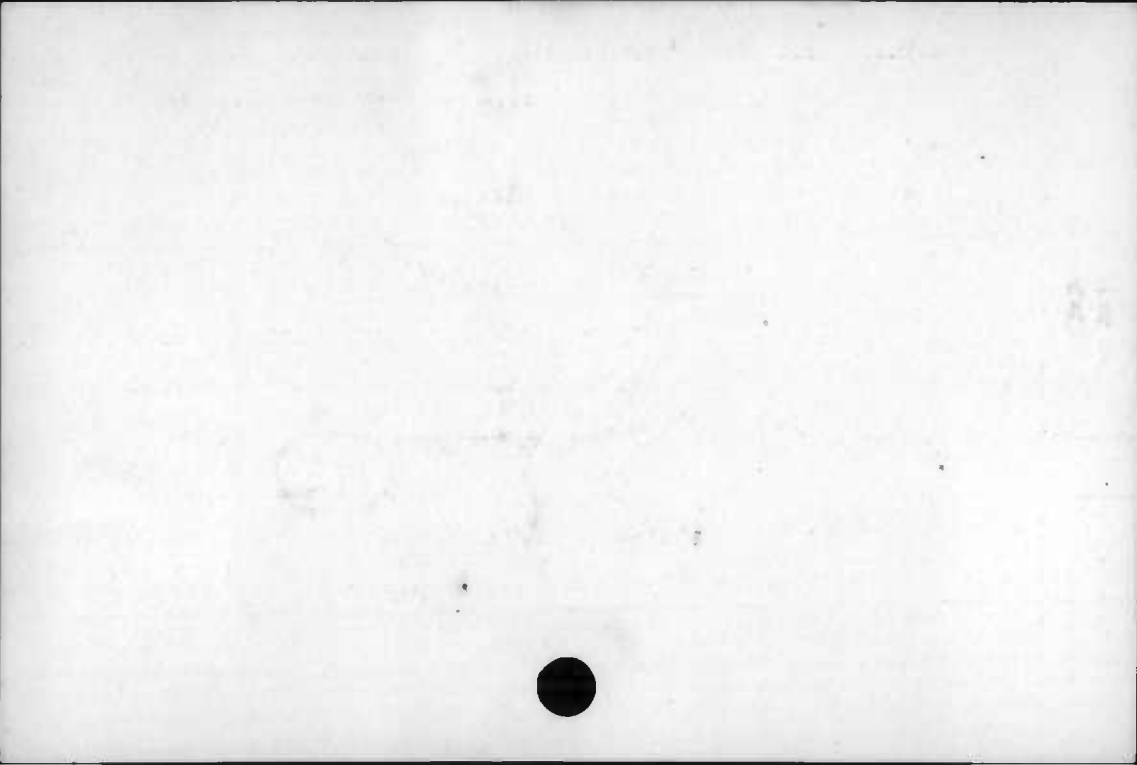
Died at <u>Frederick</u> <small>Town</small>			<u>Frederick</u> <small>County</small>			MARYLAND		
Date of death <u>1908</u>		<u>Oct</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>13</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>—</u> <small>Days</small>		
Sex <u>female</u>			Color or Race <u>white</u>			Birth-place <u>Frederick</u>		
Occupation <u>—</u>				Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas Myers</u>						Father's Birthplace <u>Frederick</u>		
Mother's Maiden Name <u>Florence Burk</u>						Mother's Birthplace <u>Frederick</u>		
Name of person giving information <u>Thos Myers</u>						How related to deceased <u>father</u>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>Pulmonary edema</u>	How long	<u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Salmer</u>	
<u>yes</u>		Address <u>Frederick md</u>	
Accident or Suicide? <u>neither</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

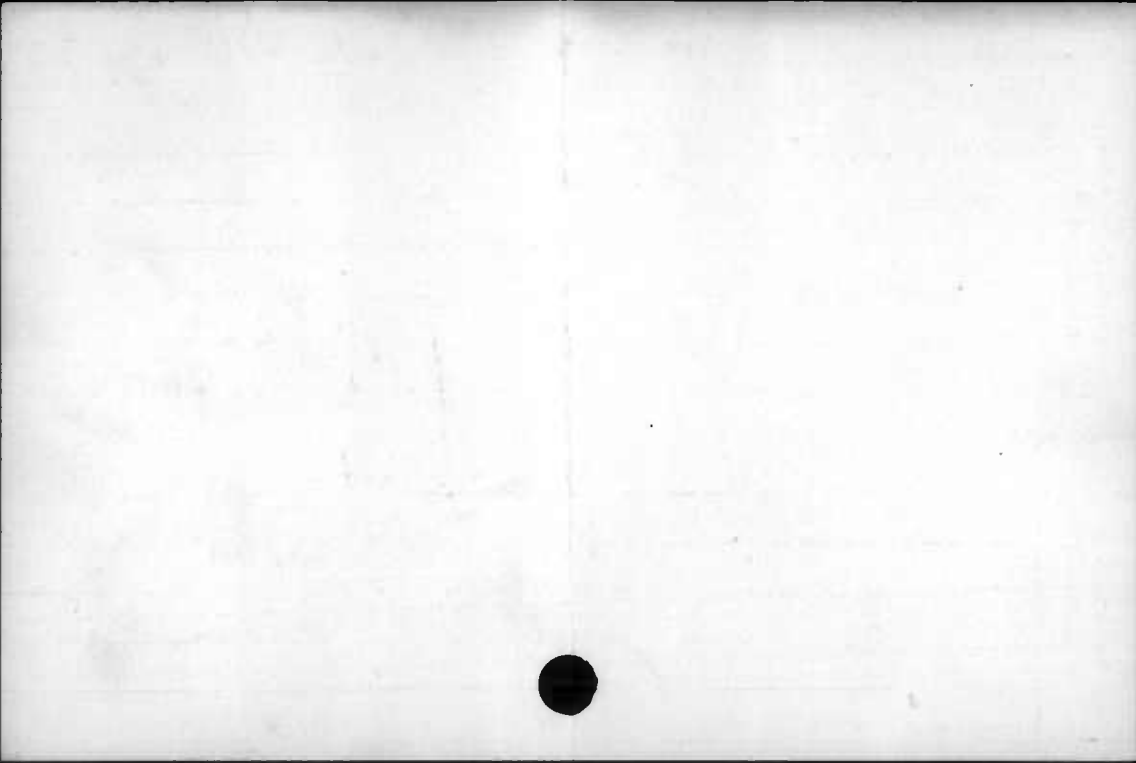
Name in Full <b>J. J. Nune.</b>		Town <b>Araby.</b>		County <b>Indeuef</b>		MARYLAND	
Died at <b>Araby.</b>		Date of death <b>1908</b>		Month <b>Oct</b>		Day <b>20</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Age <b>72</b>		Months <b>6.</b>	
Occupation <b>farmer</b>		Birth-place <b>Wheat Md.</b>		Where Residing if not at place of death <b>X</b>		Days <b>6.</b>	
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Elegabeth Nune.</b>		Father's Name <b>Jam. Nune Nue.</b>		Father's Birthplace <b>Chagraine Ind.</b>	
Mother's Maiden Name <b>Katherine Horro.</b>		Name of person giving information <b>Wm F. Nune.</b>		Mother's Birthplace <b>Luffington Pa.</b>		How related to deceased <b>Son.</b>	

## CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary <b>Chronic Prostatitis</b>	How long <b>Several years.</b>
Immediate <b>Infection of bladder &amp; kidneys.</b>	How long <b>A couple of months.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>J. B. Johnson M.D.</b>
	Address <b>Indeuef Md.</b>
Accident or Suicide?	





Name

in  
Full

Annie Obryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reels mill</u> <small>Town</small>		<u>Sunderland</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Oct.</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>62</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>Domestic</u>			Where Residing if not at place of death <u>Reels mill</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomas Obryan</u>				
Father's Name <u>James Hite</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Mary Hite</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Walter Obryan</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary <u>Bronchial Asthma</u>	How long <u>6 mo.</u>
Immediate <u>Heart failure</u>	How long <u>2 hr.</u>

Are the name, age, sex, color, date and place correctly given above?

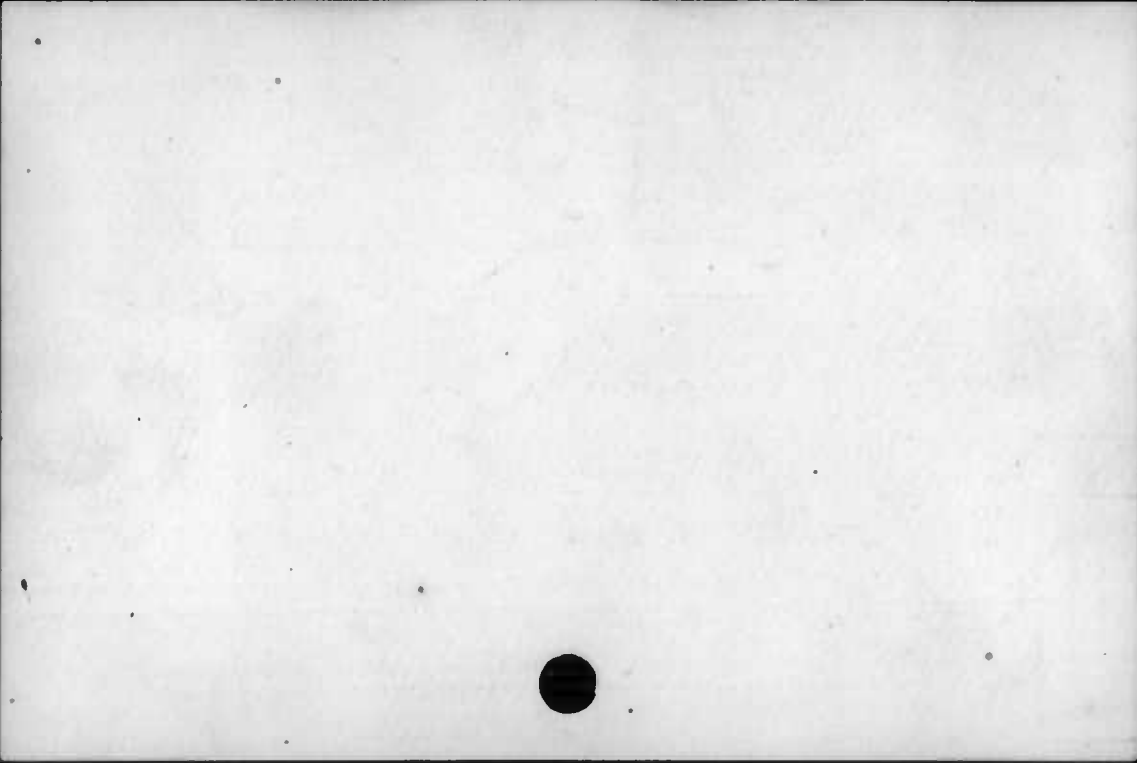
yes

Signature of Physician

Address

Bengt Perry  
Diary  
Ind.

Accident or Suicide?



Name  
in  
Full

Infant Red-mow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

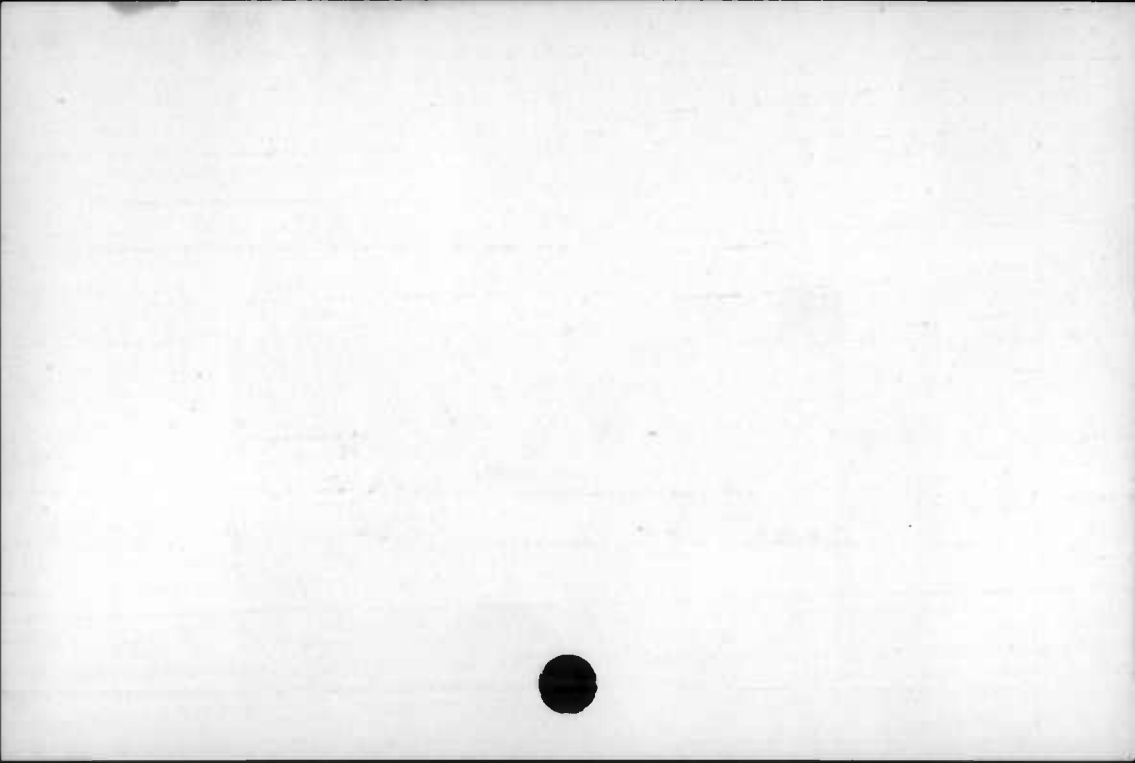
Died at <i>Pease</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>26</i>	Age _____	Years _____	Months _____ Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Wh</i>		Birth-place <i>md</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Heifer Redman</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Lula Tyngan</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Rudolph Tyngan</i>	How related to deceased <i>G. Fathen</i>				

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>1 day</i>
Immediate <i>from Hemorrhage &amp; Cord</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>C. J. Gordon. md</i>
	Address <i>Frederick md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Atlee Bickhoff Richie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

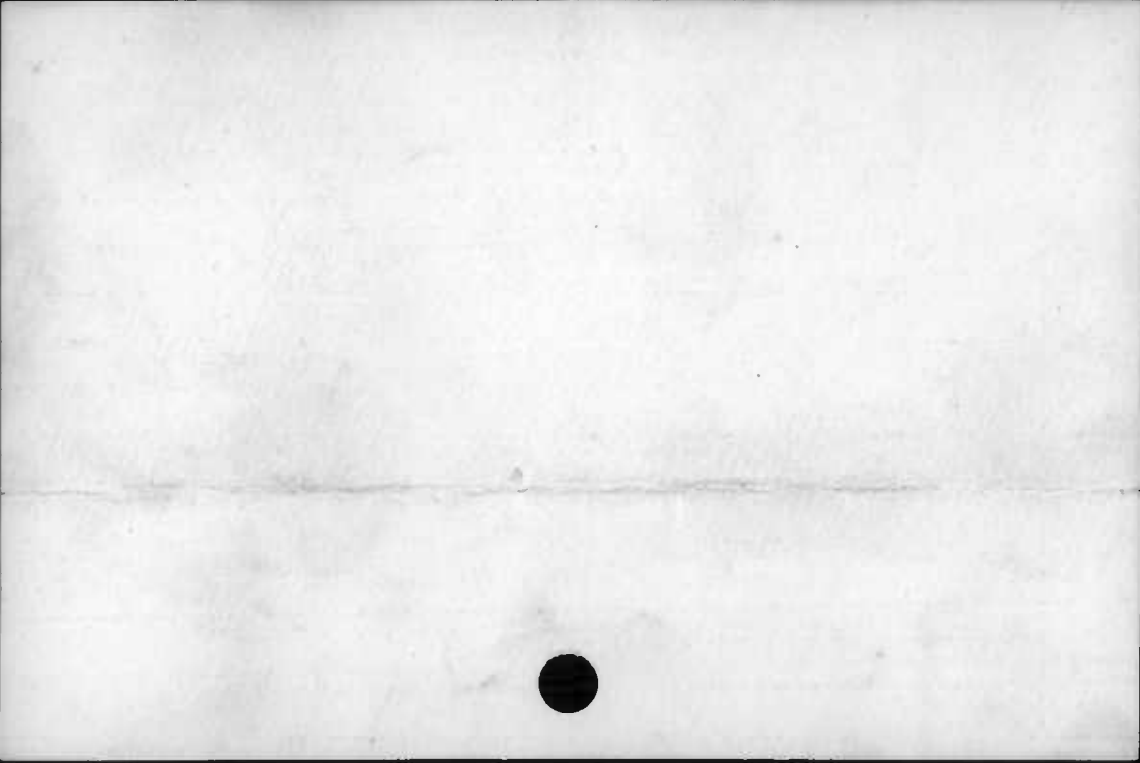
Died at <u>Adamstown</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1908	Month	Oct	Day	17
Age	7	Years	11	Months	one
Sex	male	Color or Race	white	Birth-place	Near Buckeystown
Occupation	—	Where Residing if not at place of death	Adamstown		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Edward Cyrus Richie			Father's Birthplace	Frederick Co
Mother's Maiden Name	Nellie Scarff			Mother's Birthplace	Frederick Co
Name of person giving information	Edward Richie			How related to deceased	Father

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<u>Congenital heart-disease</u>	How long	<u>From birth</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joe. G. Thomas</u>		
	Address <u>Adamstown, Maryland</u>		
Accident or Suicide?			



Name  
in  
Full

Saura Eby Roddy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

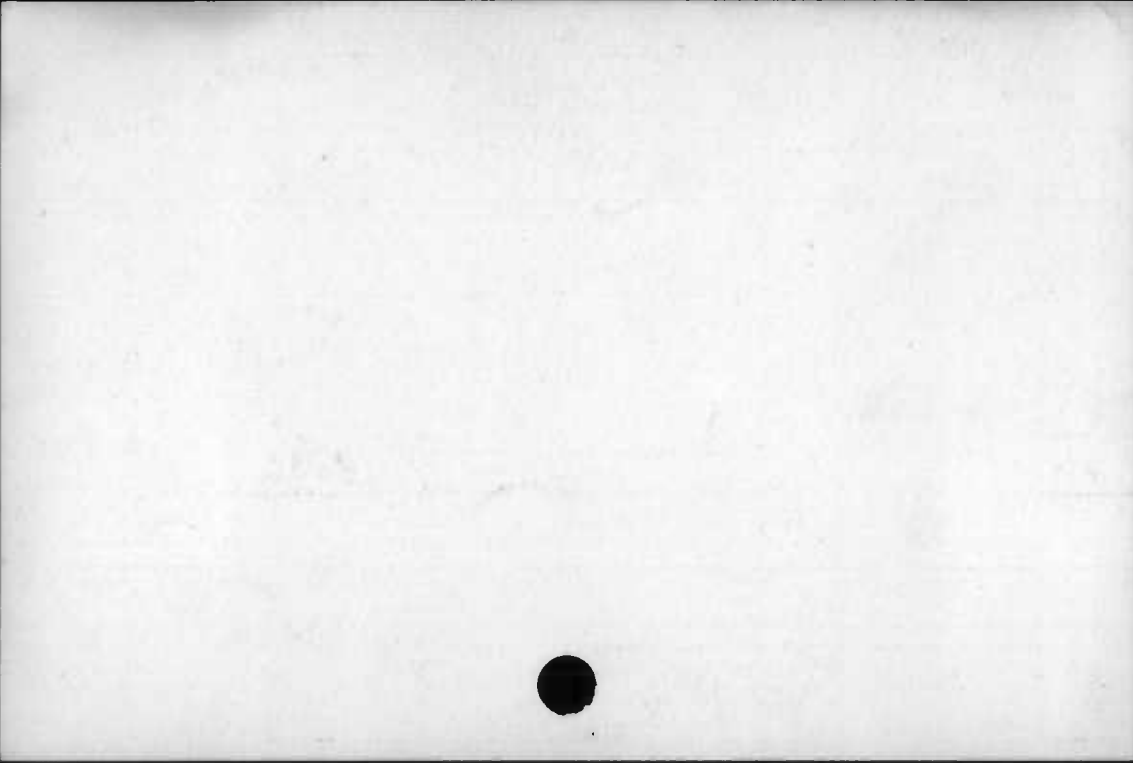
Died at <sup>Town</sup> Four Points		County' Frederick		MARYLAND	
Date of death	1908	Month October	Day 1	Age Years 2	Months 3 Days 15
Sex Female	Color or Race White		Birth-place Four Points Md		
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John M. Roddy	Father's Birthplace Frederick Co Md				
Mother's Maiden Name Saura G. Grudorff	Mother's Birthplace Carroll Co. Md				
Name of person giving information Saura G. Roddy	How related to deceased Mother				

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Accident	How long
Immediate Concussion of Brain	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address Emmitsburg
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

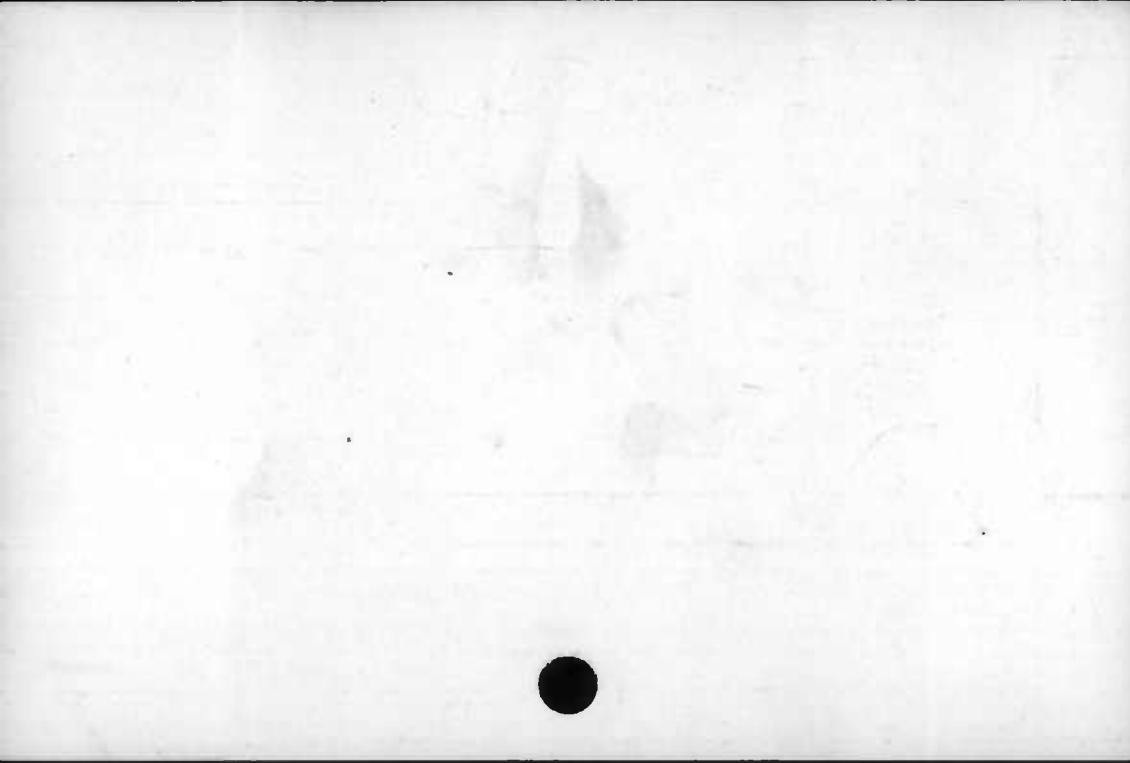
Died at <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	Month <i>10</i>	Day <i>25</i>	Years <i>54</i>	Months <i>1</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Plumber</i>	Where Residing if not at place of death <i>Same as above</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Nathaniel Rowe</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Elizabeth Rowe</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Miss Helen J. Rowe</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Acute indigestion</i>	How long <i>20 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Michael Meyer</i>
	Address <i>Emmitsburg</i>
Accident or Suicide?	<i>Ray Lane</i>



PHYSICIAN  
QR CORONER

Nettie Adella Rowe

### CERTIFICATE OF DEATH

## MARYLAND

Died at Frederick Frederick - Town

County Greene

**Date**  
of death 1908

Month  
10Day  
3

Age

Years  
/Months  
6

Days

Sex Female

Color or Race White

Birth-place Frederick Md.

Occupation

Child.

Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's Name William Rowe.

Father's Birthplace *Freak md.*

Mother's  
Maiden Name Mary Hauer

Mother's Birthplace Frederick Md

Name of person giving information William Rowe

How related to deceased **Father**

### CAUSES OF DEATH

112

Primary Hypertrophy and Cirrhosis of Liver.

How long 3 weeks

Immediate Asthma

How long 1 week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician *W. H. Lester*

Address Frederick Nash

## Accident or Suicide?

Interment Oct 5 - 1908  
" at Mt. Olivet Cemetery  
Thomas P. Rice F. D.

Dr Getzendanner

Dr McCurdy

Name  
in  
Full

Robert Linkers Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

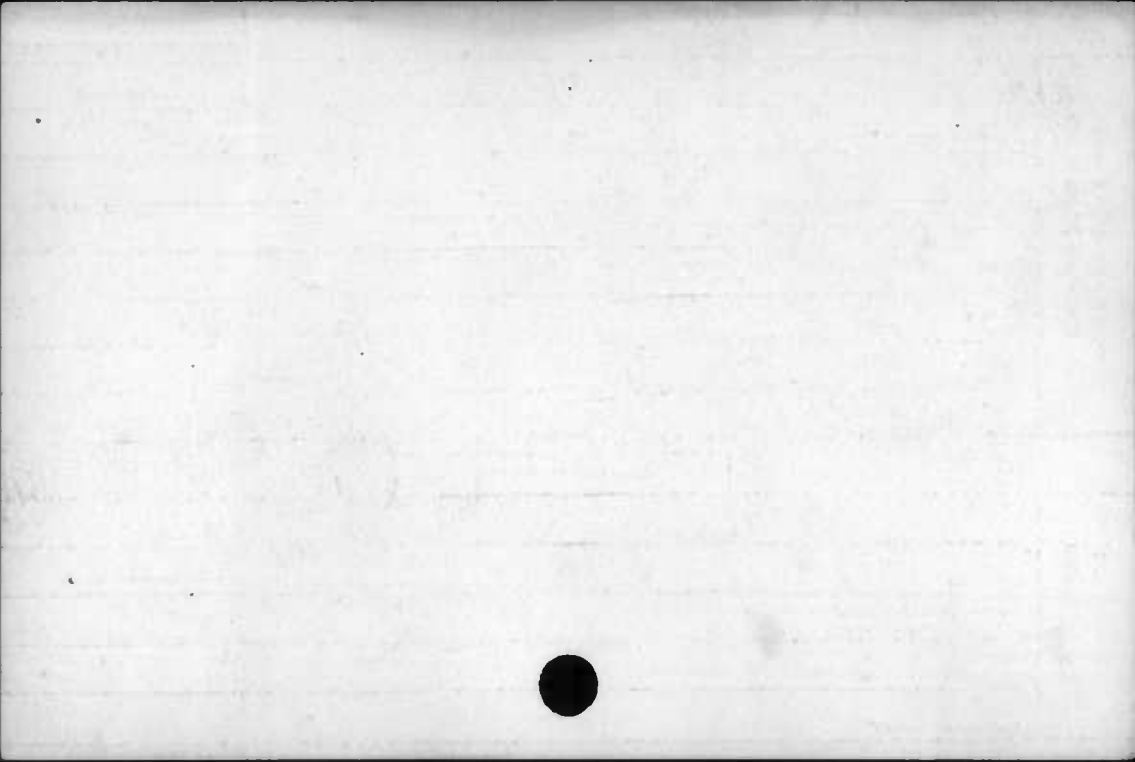
Died at <u>Mount Airy</u> <sup>Town</sup>		<u>Fredrick</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Oct</u>	Day	<u>9</u>
Age		<u>1</u>	Years	Months	<u>28</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Fredrick Co</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>Mount Airy</u>		
<u>Single</u> <del>Married</del>		Name of Wife or Husband _____			
Father's Name	<u>Edward Sanders</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Lurving Bell</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Rev L. B. Patterson</u>			How related to deceased	<u>Brother-in-law</u>

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long	<u>7 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Walter Gentry</u>	
		Address	
		<u>New Windsor Md.</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Harriet E. Sawyer

## CERTIFICATE OF DEATH

Town

County

Died at Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

10

22

Age

72

7

13

Sex

Female

Color or  
Race

White

Birth  
placeHoodsboro, Md.  
St. Co.

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Henry H. Sawyer

Father's  
Name

Ezra Shank

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Ann Beck

Mother's  
Birthplace

Frederick Co Md

Name of person giving  
In formation

Mollie Shank

How related  
to deceased

Niece

## CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

Sudden

Immediate

Cardiac asthenia

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. O. Hendrix  
Frederick,  
Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Oct 26 - 1908  
" at Mt Olivet.

Thomas P. Rice F.D.

Dr. Kendrick

Dr. McCurdy



Name  
in  
Full

Charles Howard Stumbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Thurmont</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
Date of death	1908	Month	Oct-	Day	17
Sex	Male	Color or Race	White	Age	0
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Stumbaugh		Father's Birthplace	Fredrick Co Md	
Mother's Maiden Name	Rosa Knott		Mother's Birthplace	" " "	
Name of person giving information	Harry Stumbaugh		How related to deceased	Father	

CAUSES OF DEATH

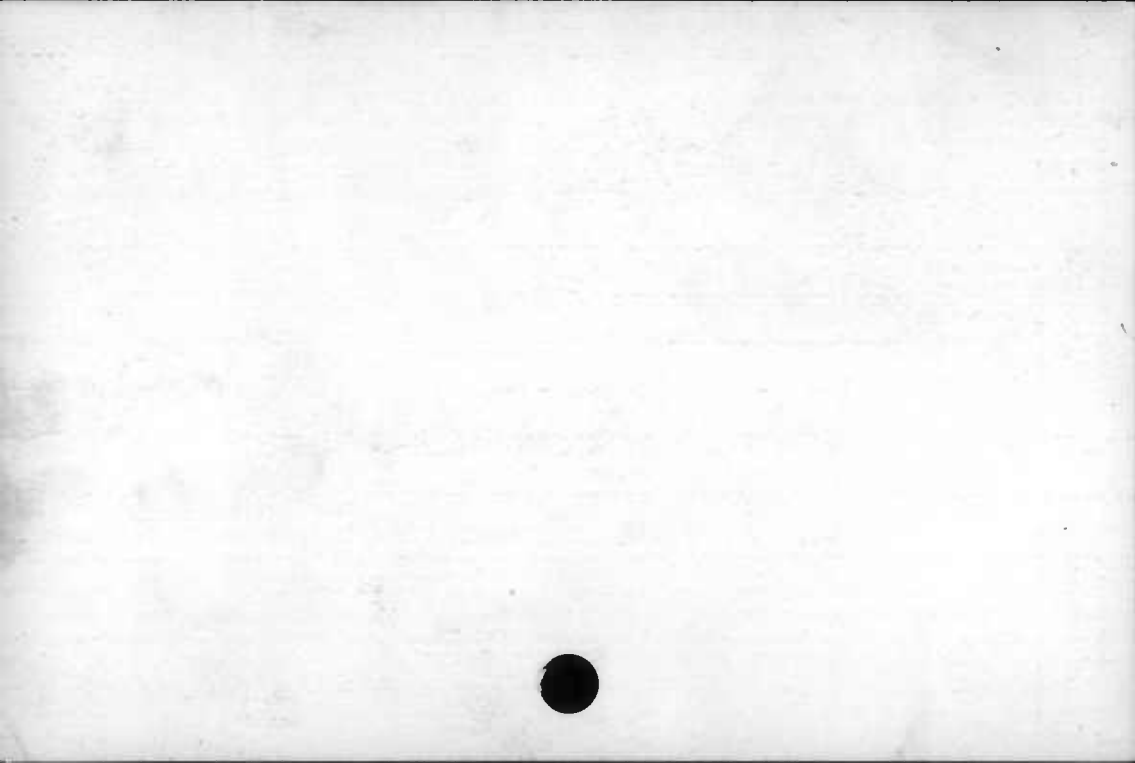
105

PHYSICIAN  
OR CORONER

Primary	Gastro Enteritis	How long	2 weeks
Immediate	Profound Poisoning	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	E. C. McFarmer		
Address	Thurmont Maryland		
Accident or Suicide?			



Name in Full		Lycurgus Noah Starr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> <i>Johnsville</i>		<sup>County</sup> <i>Frederick</i>		MARYLAND	
		Date of death <i>1908 Oct. 28</i>		Age <i>73</i>		Months <i>4</i> Days <i>8</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death			
		<del>Married, Single or Widowed</del> <i>Widower</i>		Name of Wife or Husband <i>Matilda L. Wood</i>			
PHYSICIAN OR CORONER		Father's Name <i>Maurice J. Starr</i>		Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Augusta Phillipps</i>		Mother's Birthplace <i>ii</i>			
		Name of person giving information <i>Mrs. Fannie Simpson</i>		How related to deceased <i>Daughter</i>			
		CAUSES OF DEATH		(66)			
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>		How long <i>4 yrs. &amp; 4 mos</i>			
		Immediate <i>Coma</i>		How long <i>about 18 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Sidwell</i>		Address <i>Johnsville, Md.</i>	
		Accident or Suicide? <i>No.</i>					



Name  
in  
Full

George Robert Stant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month <i>Oct</i>	Day <i>28</i>	Age <i>1</i>	Years <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg, Md</i>		
Occupation <i>Baby</i>	Where Residing if not at place of death				
Married, Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name <i>Chas W. Stant</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Cora McElurray</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Chas W. Stant</i>		How related to deceased <i>"</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. H. Stone</i>	
		Address <i>Emmitsburg Md</i>	
Accident or Suicide?			



Name  
in  
Full

Mrs. Eliza Ann Stevens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Cragsboro</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1908	Month	October	Day	8 <sup>th</sup>	Age	73
Sex		Female		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		<u>Cragsboro</u>	
Married, Single or Widowed		Widow		Name of Wife or Husband		Charles Stevens	
Father's Name		Michael. Cross		Father's Birthplace		Pa	
Mother's Maiden Name		Eliza Shearer		Mother's Birthplace		Pa	
Name of person giving information		George Stevens		How related to deceased		Son	

## CAUSES OF DEATH

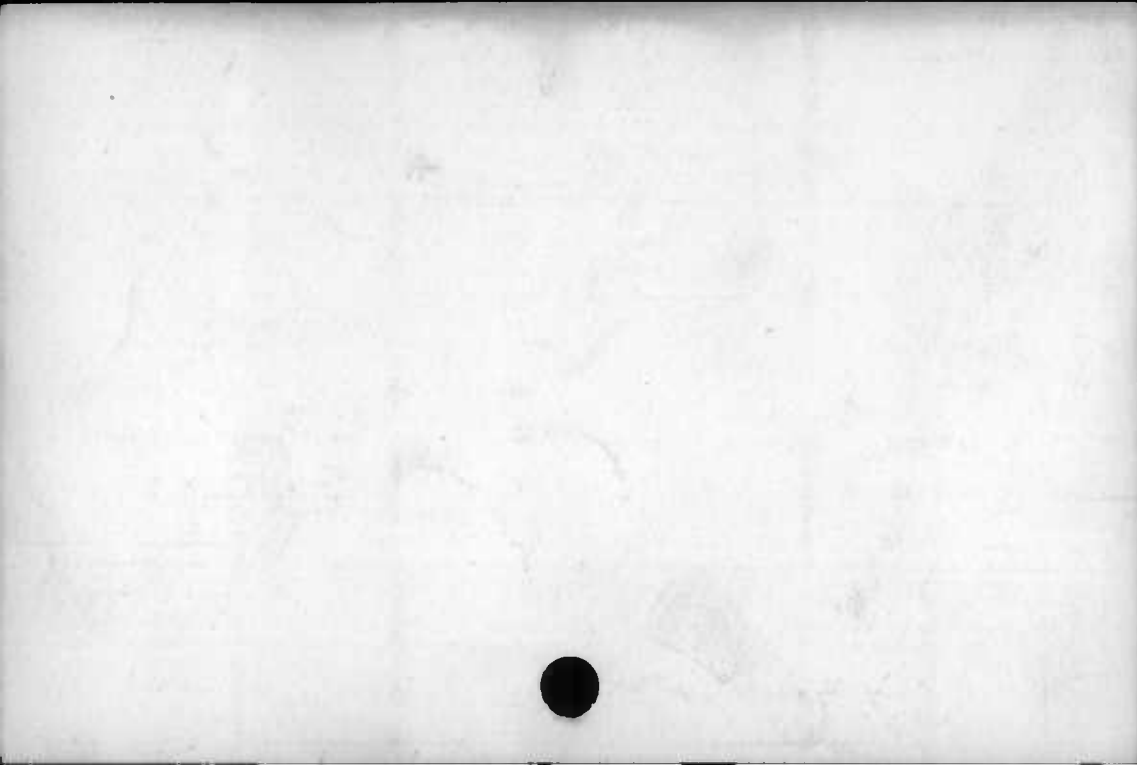
PHYSICIAN  
OR CORONER

Primary	<u>Senile Debility</u>	How long	<u>Complained of chronic asthma for yrs</u>
Immediate	<u>Congestion of Lungs.</u>	How long	<u>about 3 or 4 mths</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Robert L. Hammond	
		Address	
		Woodboro, Md.	
Accident or Suicide?		No	





Name In Full		Julia Maria Summers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	TOWN Harmony		COUNTY Frederick		MARYLAND	
	Date of death	1908	Month October	Day 21	Age 51	Years 6	Months 19 Days
	Sex	female		Color or Race	white		Birth-place
	Occupation	House wife		Where Residing if not at place of death		Harmony	
	Married, Single or Widowed	Single		Name of Wife or Husband		Lawson P. Summers	
	Father's Name	John Frederick				Father's Birthplace	Harmony
	Mother's Maiden Name	Mary Frederick				Mother's Birthplace	Harmony
Name of person giving information	Lawson P. Summers				How related to deceased	Husband	
CAUSES OF DEATH							27
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis.				How long	Years
	Immediate	Exhaustion.				How long	Years
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		B. H. Hoke M.D.
					Address		Myersville Md.
Accident or Suicide?							



Name  
in  
Full

Addie Kessiah Nalliter

CERTIFICATE OF DEATH

Died at Adams Town <sup>Town</sup>of Frederick <sup>County</sup>

MARYLAND

Date  
of death 1908Month  
10Day  
19Age  
44Months  
7Days  
5Sex  
FemaleColor or  
Race whiteBirth-  
place illOccupation  
HousewifeWhere Residing if not  
at place of deathMarried, Single  
or Widowed marriedName of Wife or  
Husband Eugene A. NalliterFather's  
Name XFather's  
Birthplace 1Mother's  
Maiden Name 1Mother's  
Birthplace 1Name of person giving  
Information E. A. NalliterHow related  
to deceased husband

## CAUSES OF DEATH

50

Primary

Diabetes

How long  
32 mos.

Immediate

Coma

How long  
48 hoursAre the name, age, sex, color, date  
and place correctly given above?

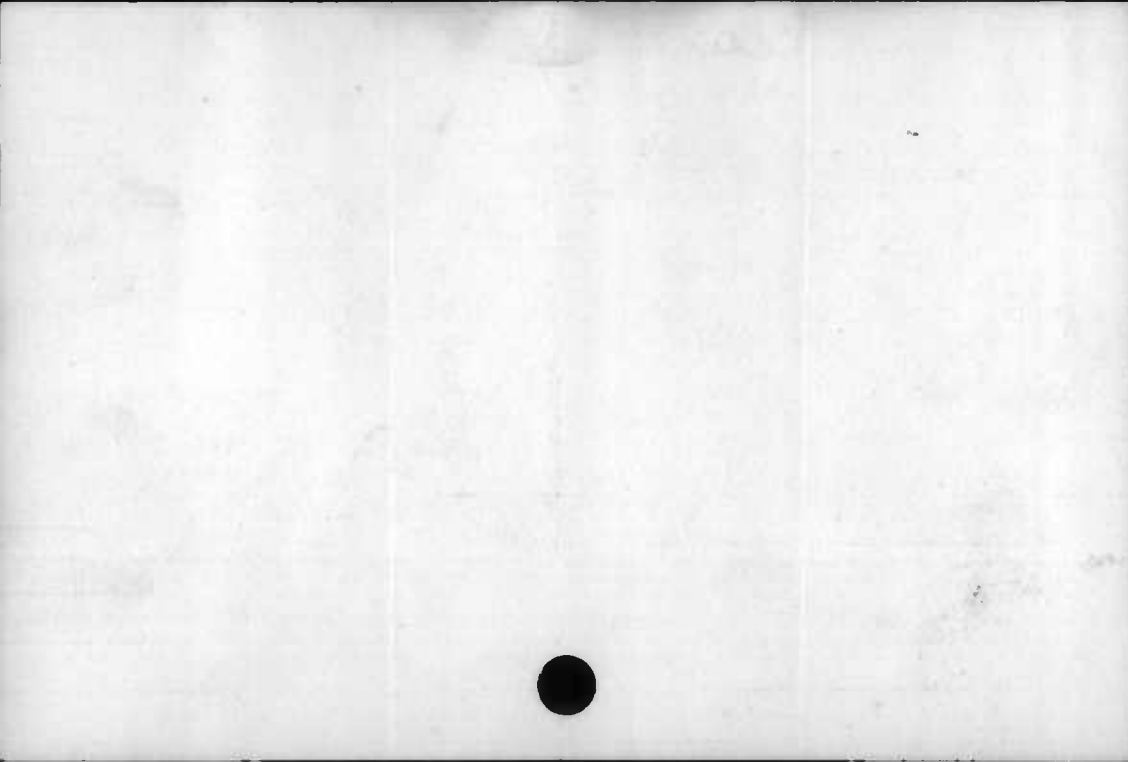
yes

Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Alice G. Wachter*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death	1908	Month	10	Day	7	Age	65'	Months	9
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va.</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gedion B. Wachter</i>							
Father's Name <i>Lewis Keyser</i>		Father's Birthplace <i>W. Va</i>							
Mother's Maiden Name <i>Elizabeth Holt</i>		Mother's Birthplace <i>" "</i>							
Name of person giving Information <i>Mr. Wachter</i>		How related to deceased <i>Husband</i>							

CAUSES OF DEATH

(122)

PHYSICIAN  
OR CORONER

Primary	<i>Operation for stone in kidney and appendix</i>	How long	<i>5 days</i>
Immediate	<i>Effusion of urine</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hedger M.D.</i>	
		Address <i>Frederick</i>	
Accident or Suicide <i>—</i>			

Interment Oct 9-1908

" at Mt. Olivet Cemetery

Thomas P. Rice R.D.,

Dr. Hedges  
— — —

Dr McCurdy,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

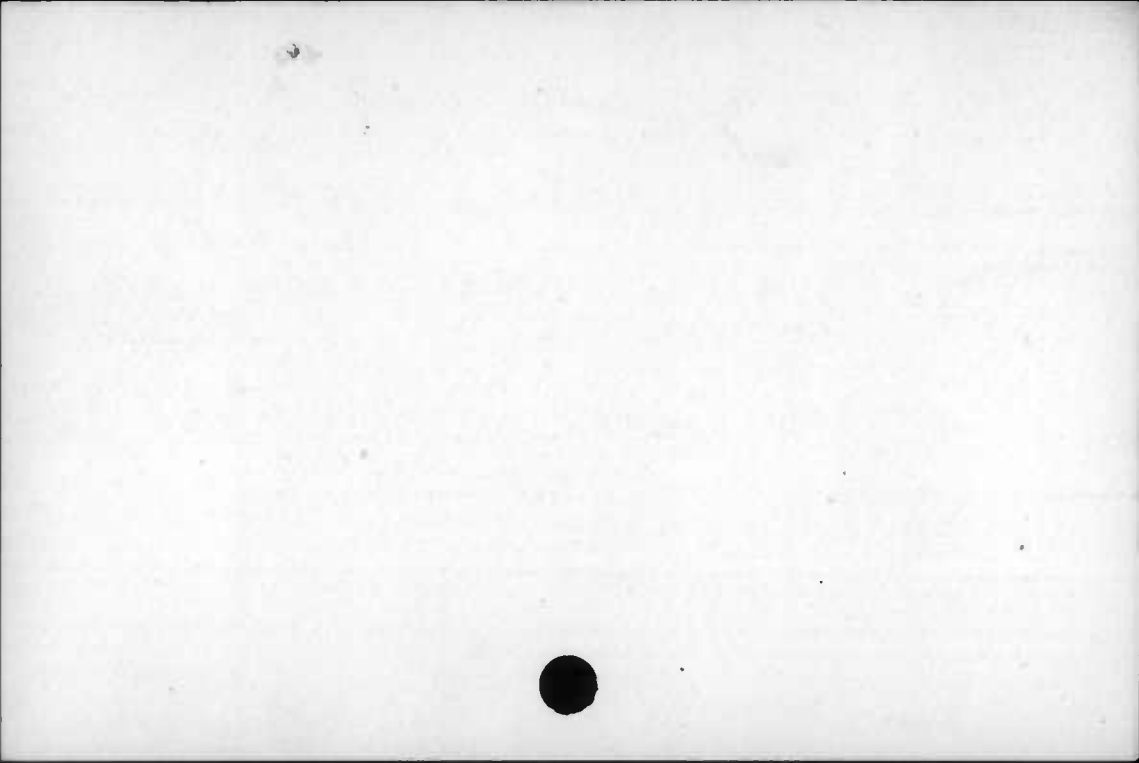
Died at <i>Harmony</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct.</i>	Day <i>31</i>	Age <i>41</i>	Years <i>7</i> Months <i>5</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Harmony</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>George M. Wachter</i>				
Father's Name <i>George M. Wachter</i>	Father's Birthplace <i>Frederick Co.</i>				
Mother's Maiden Name <i>Julia A. Fox</i>	Mother's Birthplace <i>Frederick Co.</i>				
Name of person giving information <i>Maggie Wachter</i>	How related to deceased <i>Sister.</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>4 years</i>
Immediate <i>Uræmia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Downing</i>
	Address <i>Myersville, Md.</i>
<u>Accident or Suicide?</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

Joseph Wagonick 119

Died at Brunswick

County Fredrick

MARYLAND

Date  
of death 1908

Month Oct

Day 11

Age 31

Months

Days

Sex

Male

Color or  
Race

Whit

Birth-  
place

Hungary

Occupation

Laborer

Where Residing if not  
at place of death

New Place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Chapcowick

Father's  
Name

- Don't know

Father's  
Birthplace

Hungary

Mother's  
Maiden Name

- Don't know

Mother's  
Birthplace

Hungary

Name of person giving  
Information

John Osac

How related  
to deceased

Brother in law

## CAUSES OF DEATH

Primary

Killed by cars

How long

Immediate

Killed by cars

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. I. Hedges  
Brunswick  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

166



Name  
in  
Full

E. H. Walters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

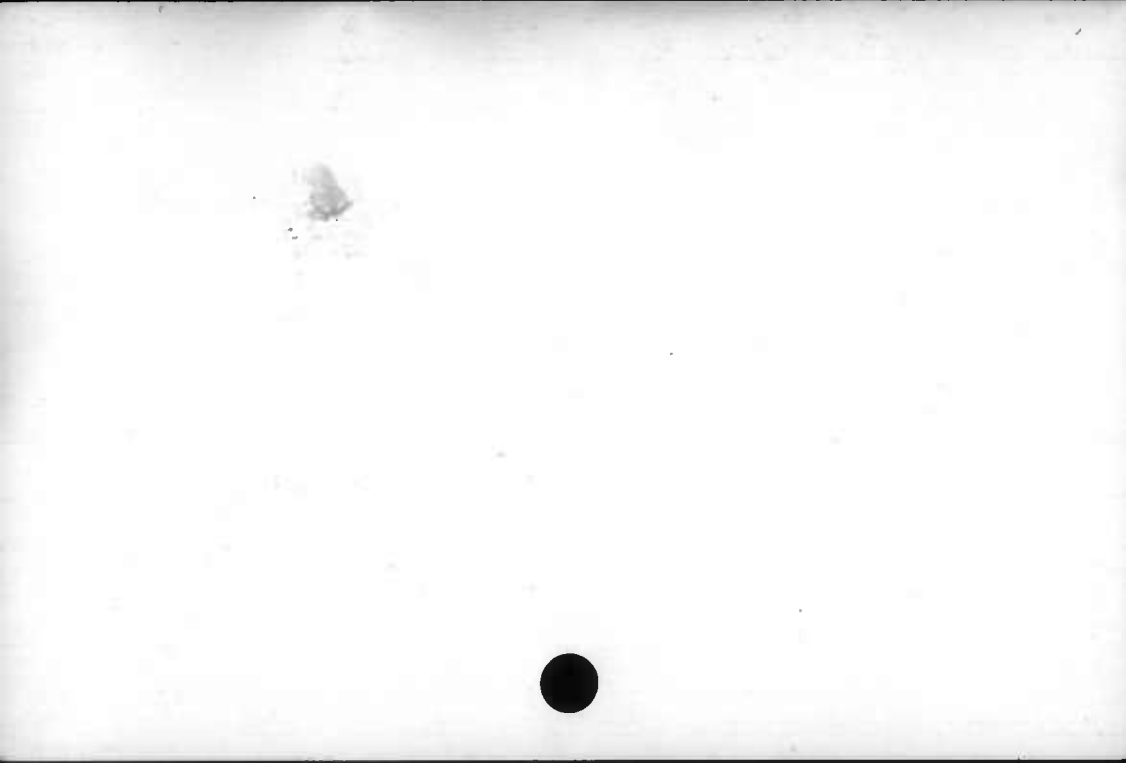
Died at <i>Indeuer</i>		Town <i>Indeuer</i>		County <i>Indeuer</i>		MARYLAND	
Date of death	1908	Month	<i>Oct</i>	Day	<i>26</i>	Years	<i>50</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Do not know</i>			
Occupation <i>Real Estate Broker</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Do not know</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving Information <i>Mrs. Washington</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary <i>Cholecystitis.</i>	How long <i>2 or 3 months</i>
Immediate <i>Myocarditis.</i>	How long <i>3 or 4 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. Johnson</i>
<i>As far as I know,</i>	Address <i>Indeuer Md</i>
Accident or Suicide	



Name  
in  
Full

Lydia Wetnight

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Middletown<sup>County</sup> Frederick

MARYLAND

Date of death 1908 Oct

Day 28

Age 79

Months 4

Days 6

Sex Female

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not at place of death

i.

Married, Single or Widowed

Widow

Name of Wife or Husband

David Wetnight

Father's Name

David Selsam

Father's Birthplace

Unknown

Mother's Maiden Name

Crunkleton

Mother's Birthplace

Unknown

Name of person giving information

Mrs Lewis Brook

How related to deceased

Daughter

## CAUSES OF DEATH

66

Primary

Debility of age

How long

several years

Immediate

paralysis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E L Beckley

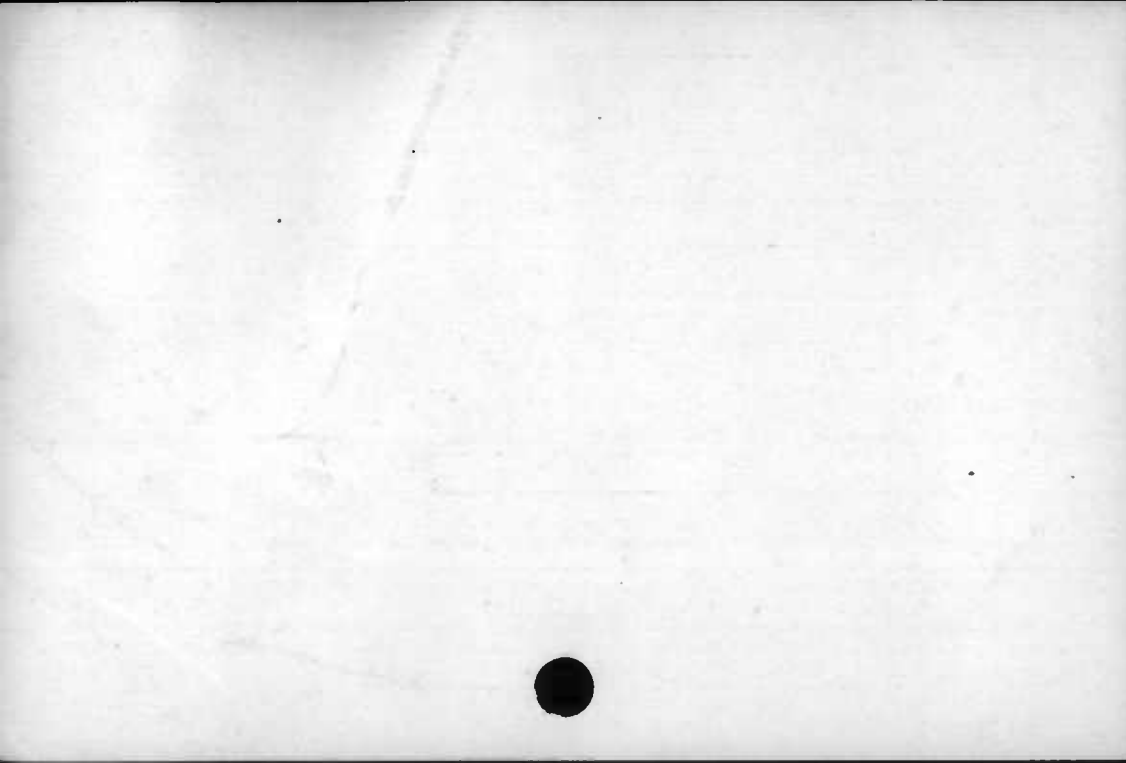
Address

Middletown

Accident or Suicide?

See d

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Charles W. Ivell</b>		CERTIFICATE OF DEATH	
Died at <b>Emmitsburg</b> <sup>Town</sup> <b>Fredricks</b> <sup>County</sup>		MARYLAND	
Date of death <b>1908</b>	Month <b>Oct.</b>	Day <b>13</b>	Age <b>2</b> Years Months Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Emmitsburg</b>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <b>Frank W. Ivell</b>		Father's Birthplace <b>Emmitsburg</b>	
Mother's Maiden Name <b>Mary J. J. J.</b>		Mother's Birthplace <b>Emmitsburg</b>	
Name of person giving information <b>Daniel Sweeney</b>		How related to deceased <b>Undertaker</b>	
CAUSES OF DEATH			
Primary <b>Acute Nephritis</b>		How long <b>4 days</b>	
Immediate <b>Uremia</b>		How long <b>6 hours</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>B. J. Jamison</b>	
		Address <b>Emmitsburg Md.</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

120

